



Long Term Care Facility COVID-19 Outbreak Control Recommendations

These recommendations supplement the California Department of Public Health (CDPH) All-Facilities Letters [All Facilities Letters \(ca.gov\)](#) and California Department of Social Services (CDSS) Provider Information Network ([CDSS PIN's](#)) and include additional precautions and actions to control a suspected or confirmed outbreak.

Note: All changes to this document on 10/19/21 in red.

Definitions for Skilled Nursing or Residential Care Facilities

Confirmed COVID-19 Outbreak LTCF: ≥ 1 facility-acquired¹ COVID-19 case in a resident.

Other Reportable Events:

- ≥ 1 probable² or confirmed COVID-19 case in a resident or Health Care Personnel (HCP)
- or ≥ 3 cases of acute illness compatible with COVID-19 in residents with onset within a 72-hour period.³

Clinical Criteria for Probable COVID-19: at least one of the following symptoms: new or worsening cough, shortness of breath or difficulty breathing, new olfactory/taste disorder(s); **OR** at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea, vomiting, diarrhea, fatigue, congestion, or runny nose.

Epidemiologic linkage: One or more of the following exposures in the prior 14 days: Close contact with a confirmed or probable case of COVID-19 disease; Member of a risk cohort as defined by public health authorities during an outbreak. [CDC Case Definitions](#)

Fully vaccinated: refers to a person who is: ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Close Contact: within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period **and**

- HCP not wearing a respirator or face mask.
- HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask.

Worker: all paid and unpaid individuals who work in indoor settings where care is provided to patients or patients have access for any purpose. See: [State Public Health Officer Order of August 5, 2021](#)

¹ Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.

² Probable case is defined as any one of the following: a person meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; a person meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; a person meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19.

³ See CDPH AFL 20-75 for more information <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-20-75.aspx> See CDC update <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> 3-29-2021



Reporting Requirements

- Report **initial (i.e., first) confirmed outbreak or reportable event** to the Alameda County Public Health Department (ACPHD) at (510) **268-2785**, Mon-Fri 8:30 am to 5:00 pm and begin isolation and quarantine of any confirmed/suspected cases. On weekends, call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the Public Health Duty Officer on call.
- For **repeat outbreaks** (i.e., already had at least one outbreak in the past), please report to (510) 764-7639 or email LTCFOutbreak@acgov.org. Reports made on weekends will be responded to on Monday (or next business day).
 - **Do not contact the After-Hours Duty Officer for repeat outbreak or reportable event reports.** Begin implementing the Outbreak Control Recommendations (including Isolation/Quarantine) immediately.
- Skilled Nursing Facilities** (SNFs) should report to Licensing and Certification East Bay District Office: (510) 620-3900.
- Residential Care Facilities** (RCFE and ARF) should report to Community Care Licensing and Certification Regional Office: (510) 286-4201 and CCLASCPOaklandRO@dss.ca.gov.
- Complete a [Confidential Morbidity Report LTCF-SNF-RCFE \(CMR\) Form](#) for all resident deaths and residents that test positive. Completed forms should be sent by secure email to your assigned nurse. If you have not yet been assigned to a nurse, send forms by secure email to LTCFOutbreak@acgov.org
- If an LTCF medical provider/director serves as the ordering provider for testing staff **and visitors**, complete a standard CMR form for staff deaths and staff **and visitors** that test positive: [Confidential Morbidity Report - LTCF Staff](#). Completed forms should be sent by secure email to covidreport@acgov.org or by fax to 510-273-3944.
- Complete/update a line list for all **new** cases (residents, staff, or visitors) and with any changes. Submit to ACPHD by secure email to LTCFOutbreak@acgov.org until instructed otherwise by ACPHD. ACPHD's Line List Template can be downloaded at <https://covid-19.acgov.org/ltof> under Resources
- Submit a map/floor plan of your facility to ACPHD within 24 hours of reporting the outbreak.
- For **other reportable diseases and contact information**, see [Reportable Communicable Diseases](#)

Outbreak Control Recommendations

Communication

In addition to notifying ACPHD and Licensing & Certification, notify:

- Infection preventionist and Director of Nursing
- Facility administrator
- Medical director
- Health Services Director
- HCP and caregivers who work at the facility
- Primary care provider of residents who:
 - Test positive for COVID-19
 - Are a close contact of a resident, **staff, or visitor** who tested positive for COVID-19
 - Reside on a unit where an outbreak is occurring
- Residents, family, and visitors



	Distribute an outbreak communication letter to all residents and their families.
	Post instructional signs at facility entrance. Post visual alerts instructing residents and staff to report symptoms of COVID-19 to a designated person. Utilize the CDC latest versions of instructional signage throughout the facility. CDC print resources
	Provide proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices such as use of face covering or mask; specified entries, exits and routes to designated areas; and hand hygiene.

Vaccination

	<p>Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreak. Facilities are encouraged to provide easy access, education, and outreach to residents, their families, and the staff on the value and importance of vaccinations.</p> <ul style="list-style-type: none"> • All workers in SNFs, ICF's, Congregate Living Health Centers, Adult and Senior Care Facilities (all LTCF's) must have their first dose of either Johnson and Johnson/Janssen or second dose of either Moderna or Pfizer-BioNTech Vaccinations by September 30, 2021 (CDPH) and November 20, 2021 (CDSS). • SNF workers may be exempt for religious beliefs or qualifying medical reasons. • SNF exempt unvaccinated workers will be required to be tested every 3-4 days or twice per week in a SNF and once per week in other LTCFs. • SNFs must maintain records of worker vaccination or exemption status. • Refer to: State Public Health Officer Order of August 5, 2021 and State Public Health Officer Order of September 28, 2021 for details & exemptions.
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Surveillance of Staff and Residents

	<p>Measure temperature and oxygen saturation and assess for symptoms of suspected COVID-19 every shift among all residents.</p> <ul style="list-style-type: none"> • Residents in the Red and Yellow zones should be assessed more frequently with vital signs including oxygen saturation (e.g., twice a shift). • For residents with confirmed or suspected COVID-19, check for subtle changes in mental status, somnolence, hydration status, and respiratory rate. A change in baseline temperature (up or down) and/or a drop in oxygen saturation should trigger a more thorough assessment. Residents over 60 may present with atypical signs and symptoms such as loss of appetite, confusion, weakness & falls. • Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. • Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection. <p>CDC Evaluating and Managing Personnel and Residents</p>
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	<p>Maintain Standard precautions while performing all surveillance activities. See CDC guidance for Using Personal Protective Equipment.</p>
	<p>Institute symptom monitoring and temperature checks of all staff at the facility entrance or within main reception area. See COVID-19 Screening Guidance for Businesses and Organizations & COVID-19 Self-Assessment Screening Guidance for Personnel</p> <ul style="list-style-type: none"> • Exclude from entrance any staff presenting with the following symptoms: new or worsening cough, shortness of breath or difficulty breathing, fever (measured or subjective), chills, rigors, myalgias, headache, sore throat, new or worsening congestion & runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea. • See “Managing Ill Staff & Exposure” section for details on handling ill staff.
	<p>Monitor and report staff absenteeism due to any suspected COVID-19 symptoms.</p>
<p>Testing</p>	
	<p>Develop and implement plans to conduct testing at your facility. See guidelines for testing residents and health care personnel in LTCF. Testing Guidelines for Nursing Homes (CDC)</p>
	<p>Consider testing for additional respiratory viruses, for example, influenza A and B during flu season, and RSV.</p>
	<p>Follow infection control precautions when collecting nasopharyngeal (NP) and other swabs:</p> <ul style="list-style-type: none"> • Patient should be in a single room with door closed. • Minimum number of staff should be in room. • Wear N-95 respirator (or equivalent), eye protection (face shield or goggles), disposable gown and gloves. • Perform hand hygiene immediately before donning and immediately after doffing. • Don and doff in the correct sequence to avoid self-contamination. • For further guidance on proper specimen collection, see CDC guidelines for methods of specimen collection. <ul style="list-style-type: none"> ○ Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19) • Please check with your testing laboratory to confirm the most appropriate specimen, transport medium, etc. for collection.
	<p>Diagnostic Screening testing For Information re: Diagnostic Screening Testing (performed when not in Outbreak Response) Please see AFL-21-28 AFL-20-53 CDSS PIN-21-32.1</p>



Response-Driven Testing

As soon as possible after one (or more) COVID-19 positive individuals (resident or facility staff) is identified in a facility, perform response-driven serial retesting every 3-7 days with molecular testing or a minimum of twice weekly with antigen testing of all residents and facility staff, regardless of vaccination status. **Response testing should continue until no new cases are identified among residents over 14 days of testing every 3-7 days.**

- Once a resident or HCP tests positive, no additional testing is needed for that individual for 90 days if they remain asymptomatic.
- Residents or HCP with signs or symptoms potentially consistent with COVID-19 should be tested immediately to identify current infection, **regardless of their vaccination status**; do not delay testing of symptomatic individuals until scheduled diagnostic screening or response-driven testing. **While awaiting test results, move only if the resident can go into a private room.** [AFL 20-53.5](#)
- For residents or HCP who develop new symptoms consistent with COVID-19 during the three months 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. [AFL 20-53.5](#)
- Results should be used to immediately implement cohorting of residents and HCP who provide direct patient care. Refer to your mitigation plan strategies for testing and cohorting.
- Specimen collection from residents should be performed by facility care staff or contracted service and testing should be performed by the facility's usual laboratory provider with a preferred turnaround time of 48 hours or less for results.
- Staff should ideally be included in the overall facility testing. As an alternative, they can be tested by their health care provider or at [community testing sites](#).
- All testing must be ordered by a clinician who will be responsible for informing the patient and arranging for appropriate clinical follow-up or testing should comply with [Alameda County Health Officer Order No. 20-19](#)

If using a **rapid antigen** test for response-driven testing of residents and staff **during an outbreak**, test twice a week and refer to

- [Antigen Test Algorithm for Congregate Living Settings](#)
- [Interim Guidance for Antigen Testing for SARS-CoV-2 | CDC](#)
- [Testing for SARS-CoV-2/COVID-19](#)
- CDSS [PIN 21-16 Guidance on the use of Antigen Tests and Reporting Requirements](#)

(Note: An advantage of Point of Care Antigen Testing is the rapid turn-around time (TAT); but the decrease in accuracy may require PCR confirmation within 48 hours.)

Antigen Testing Reporting Requirements:

“Facilities conducting tests under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver are subject to regulations that require laboratories to report data for all testing completed, for each individual tested.” **“Federal regulations require laboratories to report both positive and non-positive antigen test results. Any**



	<p>laboratories conducting SARS-CoV-2 antigen testing must report all positive and non-positive test results through the CalREDIE Electronic Laboratory Reporting system (ELR) within eight hours from the time the laboratory notifies the health care provider or other person authorized to receive the report.” AFL 20-53 See CalREDIE Manual Laboratory Reporting Module.pdf for instructions on reporting Antigen results</p>
	<p>ACPHD offers assistance to coordinate testing but has limited ability to support testing in facilities; contact the Public Health Nurse assigned to your facility outbreak and/or email LTCFOutbreak@acgov.org with requests for assistance.</p>
	<p>Do <u>not</u> send specimens directly to the Alameda County Public Health Laboratory without approval.</p>

Resident Placement, Movement Restrictions & Transferring Residents

	<p>Create three distinct, cohort areas. These could be a separate wing, unit, or rooms at the end of the hallway:</p> <ol style="list-style-type: none"> 1. Red zone: <ul style="list-style-type: none"> • COVID-19 positive symptomatic for duration of Isolation period, regardless of their vaccination status • COVID-19 positive asymptomatic fully vaccinated residents should be isolated and observed for development of symptoms while additional evaluation is conducted in consultation with the local health department. AFL 20-53.5 • COVID-19 positive asymptomatic unvaccinated or partially vaccinated for the duration of Isolation period • Should have dedicated HCP who do not provide care for residents in other cohorts and should have separate break rooms, nurses’ stations, and restrooms if possible. 2. Yellow zone: COVID-19 unknown status. <ul style="list-style-type: none"> • *Residents recently returned from a hospital with a known outbreak: <u>fully vaccinated</u> or <u>unvaccinated</u>. • *Suspected or probable cases pending lab results in <u>fully vaccinated</u> or <u>unvaccinated residents</u>, single room if possible • **SNF (Skilled Nursing Facility) residents newly admitted or SNF residents that leave the facility for > 24 hours with no known exposures: <u>unvaccinated</u> • **Residents with known exposures to COVID or residents who have been in an area staffed by a person who is COVID-19 positive: <u>fully vaccinated, unvaccinated or refuse testing.</u> 3. Green zone: <ul style="list-style-type: none"> • COVID-19 negative without known exposure in the last 14 days • COVID-19 recovered • Fully vaccinated new admission • Readmission of Green zone resident with no known exposure. <p>*Type of Yellow zone should be identified, i.e., an observation/quarantine unit</p>
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	<p>**Residents with known exposures, residents returning from a hospital with a known outbreak, suspected or probable cases pending lab results should not be placed in the same room as a newly admitted unvaccinated resident with unknown status.</p>
	<p>DO NOT MOVE probable or suspected-cases from their rooms within the Green or Yellow zones unless they receive a COVID-19 (+) test. While awaiting test results, move only if the resident can go to a private room; otherwise, leave in current room with as much space as possible between beds and curtains drawn. Do not move to Observation area. Call your assigned ACPHD outbreak nurse for instructions on moving patients between zones.</p>
	<p>Instruct staff on the importance of using separate equipment, cleaning and disinfecting the equipment between residents, and fully changing PPE whenever going from one resident to the next to provide care.</p>
	<p>Facilities should consider, in consultation with their assigned nurse investigator, reimplementing limitations on communal activities and dining based on the status of COVID-19 infections in the facility, e.g., when one or more cases has been identified in facility staff or residents. AFL-20-22.9</p>
	<p>Residents in Yellow and Red zones regardless of vaccination status, should stay in their rooms, should not participate in communal dining; group activities; or access shared facility amenities or equipment, or non-essential services (e.g., salon and barber services) until they meet the conditions to discontinue isolation or quarantine. Doors should remain closed if possible. Staff should be cohorted.</p>
	<p>All Residents who must leave their room should perform hand hygiene, wear a face mask before leaving the room and maintain social distancing.</p>
	<p>Before transferring ANY resident outside of the facility, such as to outpatient appointments, dialysis centers, acute care hospitals, and other facilities, you must use the Alameda County COVID-19 Infection Control Transfer Form to communicate to transport personnel and other HCP accepting the resident that your facility is experiencing a suspected or confirmed COVID-19 outbreak. If the resident is a probable or confirmed COVID-19 case, you must also include symptoms, signs, date of illness onset, laboratory test results, and infection control precautions.</p>
<p>Quarantine (Yellow Zone)</p>	
	<p>Ideally, assign dedicated HCP/staffing to the yellow zone, but if infeasible, ensure HCP understand need to change gloves and gowns and perform hand hygiene between residents. Consider grouping care activities such that HCP care for all residents in the Green-negative area before caring for residents in the Yellow-areas. In the Yellow-observation area, group care activities in the Yellow-observation area before caring for residents in the Yellow-exposed area or PUI. AFL 20-74 Chart</p>
	<p>Fully vaccinated skilled nursing facility residents who leave the facility for non-essential purposes for > 24 hours (e.g., out to a restaurant or visit family in their home) do not need to quarantine.</p>
	<p>Unvaccinated and partially vaccinated residents newly admitted to a skilled nursing facility or leave the facility for > 24 hours should be quarantined in the Yellow zone for 14 days and be tested before releasing into the Green Zone. AFL 20-22</p>



Residents must quarantine for 14 days and are recommended to be tested for COVID-19 between 3 to 5 days after an exposure to someone with COVID-19 regardless of vaccination status. [Alameda County HOO 20-06k Quarantine Order](#)

Residents who refuse response driven testing should be quarantined until no further response driven testing is required.

Transmission-Based Precautions and Other Infection Control Measures

Follow PPE (Personal Protection Equipment) guidance from your **licensing** agency:

- [CDSS PIN 21-12 Resident Isolation and Cohorting, Staffing, PPE and Face Coverings](#)
- [CDPH COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category](#)
- Include clear and visible signage for PPE donning and doffing and appropriate infection prevention precautions. [CDC - Using PPE](#)

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow PUI, Single Room if Available) **	COVID Exposed Residents (Yellow – Exposed) **	Newly Admitted Residents Under Observation (Yellow – Observation) **	Residents with No Known Exposure, or COVID Recovered (Green Area)
N95 respirator *	Yes	Yes	Yes	Yes	Yes, during an outbreak.
Facemask *	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Yes
Eye Protection	Yes	Yes	Yes	Yes	Yes, during an outbreak, or per Standard precautions
Gowns	Yes	Yes	Yes	Yes	As needed per Enhanced Standard precautions
Gloves with hand hygiene before donning and after doffing gloves	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	Yes, upon room entry and between residents (if multi-occupancy room)	As needed per Enhanced Standard precautions

Residents who leave their rooms **should** always cover their nose and mouth **with a well-fitted mask (surgical mask recommended) and physically distance** while in the facility. If surgical masks are not available, a clean and dry cloth mask with two or more layers of washable, breathable fabric shall suffice. **All staff must wear a surgical (N95 optional) mask for source control.** [Guidance for Face Coverings](#)

Use a fit-tested N-95 respirator or equivalent when performing Aerosol Generating Procedures. [CDC FAQ re: Aerosol Generating Procedures](#)

HCP should perform hand hygiene before and after donning and doffing personal protective equipment (PPE). PPE should be discarded after every contact with every resident.

Eye protection should be worn when providing direct care to residents in all areas during Outbreak Response and ensure appropriate cleaning and disinfection after each use if reusable face shields or goggles are used. [CDC Eye Protection Strategies](#)

Identify dedicated HCP to care for residents with COVID-19 and ensure they are fit-tested for an N-95 respirator. Fit-testing of N-95 respirators must be performed at least annually or when there is a change in type of mask used. Ask the nurse assigned to your facility about



	<p>fit testing options. Cal/OSHA enforces CCR, Title 8, Section 5144 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. PIN-21-10 Alameda County Respiratory Resource</p>
	<p>Source Control protects others and is the use of well-fitting cloth masks, facemasks, or respirators to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. When N95’s are used as source control (i.e., not used as Personal Protection Equipment, PPE, in the yellow or red zone) they can be used for the entire shift. A seal check should be performed. The mask should be discarded whenever damaged or soiled and whenever it’s removed. How do I test the seal on my N95 - CDC Project First Line video</p>
	<p>N95’s for Unvaccinated:</p> <ul style="list-style-type: none"> • LTCFs are required to offer their unvaccinated staff an N95 mask and encourage them to be used for source control. • Unvaccinated are not required to wear a N95 mask but must always wear a surgical mask inside the LTCF AFL 21-28 CDSS PIN 21-32.1 CDSS PIN 21-38
	<p>Educate HCP on hand hygiene, respiratory hygiene, cough etiquette, and document training activities. (Consider use of Glo Germ^R for training of hand hygiene. https://www.glogerm.com/)</p>
	<p>Ensure all HCP are familiar with Standard, Droplet, and Contact precautions, as well as eye and respiratory protection, and document training activities.</p>
	<p>Verify all HCP can demonstrate competency in proper PPE donning and doffing procedures, and document competency assessments. CDC PPE donning and doffing procedures and signage</p>
	<p>Conduct ongoing monitoring of compliance with hand hygiene and PPE procedures and provide on-the-spot correction as needed. HAI Training and Resources</p>
	<p>Ensure an adequate supply of facemasks, N-95 respirators (in size and model for fit-tested staff), face shields/goggles, gowns, and gloves. Place supplies in all areas where patient care is provided. 30-day supply recommended. CDC Burn Rate Calculator is a spreadsheet-based model that will help healthcare facilities plan and optimize the use of PPE for response to COVID-19.</p>
	<p>Ensure an adequate supply of alcohol-based hand rub (at least 60% ethanol or 70% isopropanol) and that it is easily accessible both inside and outside every patient room, common areas and break rooms. Ensure that hand-washing stations are easily accessible and equipped with soap and paper towels.</p>
	<p>Cohort HCP caring for residents with COVID-19. Do not allow these staff to interact with other residents or the staff who care for residents without COVID-19. Cohorted HCP staff should not take breaks with other staff. Provide separate locker rooms, bathrooms and/or break areas if possible; otherwise, consider staggering the use of these areas and clean and disinfect thoroughly after each use.</p>
	<p>Ensure all unvaccinated HCP practice source control measures and social distancing in the break room and other common areas (i.e., HCP wear a facemask and sit more than 6 feet apart while on break).</p>



Whenever possible, bundle care & treatment activities to minimize entries into resident room (e.g., having clinical staff clean and disinfect high-touch surfaces when in the room), and minimize the overall number of HCP assigned to the COVID-19 positive cohort.

Use single-use equipment for residents with COVID-19 infection whenever possible; otherwise, dedicate reusable medical equipment to residents with COVID-19 infection (e.g., thermometers, stethoscopes, Hoyer lifts, medication carts, wheelchairs) and clean/disinfect between each use.

Discontinuation of Transmission-Based Precautions for COVID-19 Recovered Residents (Transferring Out of **Red** Zone)

Discontinuation of transmission-based precautions should be determined by using a time and symptom-based strategy for patients with lab-confirmed or suspected COVID-19 as follows:

1. For residents who have never been symptomatic, transmission-based precautions may be discontinued 10 days from date of COVID-19 (+) test.
2. For residents who were symptomatic and **NOT** severely immunocompromised, discontinue Transmission-based precautions after at least 24 hours have passed since last fever (without fever-reducing medications), **and** improvement in symptoms (e.g., cough, shortness of breath); **and** at least 10 days have passed since symptoms first appeared.
3. For residents with severe or **critical illness or who are severely immunocompromised**, Transmission-based precautions may be discontinued after at least 24 hours have passed since last fever (without fever-reducing medications), **and** improvement in symptoms (e.g., cough, shortness of breath); **and** at least 10-20 days have passed since symptoms first appeared.

Patients who are **severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Consultation with infectious diseases specialists is recommended. Use of a test-based strategy for determining when Transmission-Based Precautions may be discontinued could be considered in these rare situations.

This category includes patients under cancer treatment, bone marrow or organ transplant recipients, immune deficiencies, poorly controlled HIV or AIDS, on immunosuppressant medications such as prolonged use of corticosteroids and other immune weakening medications, and patients who were critically ill with COVID-19 (intubated and/or in ICU). For severely immunocompromised definition per CDC, see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Discontinuation of Transmission-Based Precautions for COVID-19 Exposed Residents (Transferring Out of **Yellow** Zone)

Transmission-based precautions and use of an N-95 respirator may be discontinued as **individual buildings/units/wings achieve** two consecutive weeks of response-driven testing



	with no positive test results AND 14 days have elapsed since last report of new confirmed or suspected cases. Consult with your LTCF Outbreak Nurse to determine end point of response driven testing. AFL 20-74
	When transferring out of the Yellow zone, residents should remain on Enhanced Standard Precautions if they have another indication (for example, colonized with multidrug resistant organism [MDRO], have an active <i>C. difficile</i> infection, etc.).
Environmental Cleaning	
	Clean and disinfect high-touch surfaces and shared resident care equipment with EPA-registered, healthcare-grade disinfectants. See the EPA Pesticide Registration List: N: Disinfectants for Use Against SARS-CoV-2 for products with label claims against COVID-19. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 . When dealing with <i>Candida Auris</i> , <i>C. difficile</i> and other resistant organisms refer to other EPA list disinfectants (verify that these are effective against SARS-CoV-2 as well).
	Increase frequency of environmental cleaning to at least twice per shift and whenever surfaces or equipment are soiled or contaminated with body fluids or respiratory secretions. Greater frequency of cleaning will also be needed for any areas where someone must take off their mask to eat or drink.
	Perform Terminal Cleaning when an infected patient (COVID, other infectious agent and/or MDRO) is moved out of one room to another or discharged from the facility. Environmental Cleaning Procedures Environmental Cleaning in RLS HAI CDC
	Educate Environmental Services staff on proper hand hygiene, PPE donning & doffing procedures & appropriate cleaning and disinfectant contact times. Document training.
	Consider placing EPA-registered disinfectant wipes on or next to frequently used equipment so they are easily accessible for all staff to use.
Managing Staff Illness & Exposure	
	In general, during an outbreak in a LTCF, all HCP are considered potentially exposed and may continue working regardless of their vaccination status as long as they remain asymptomatic and are serially tested as part of facility-wide outbreak response testing. AFL 21-08
	Instruct HCP who develop any symptoms suspicious for COVID-19 while at work to immediately stop work, alert their supervisor, leave the facility, and self-isolate at home. These HCP should be tested immediately for COVID-19 if possible, regardless of vaccination status.
	Instruct HCP who develop symptoms for COVID-19 before work to report these to their supervisor. Advise HCP to see their Primary Care Physician to determine if symptoms are due to COVID-19 or another diagnosis before returning to work.
	Instructions for HCP who test positive for COVID-19: <ul style="list-style-type: none"> • Unvaccinated or partially vaccinated HCP that test positive and are asymptomatic should be excluded from work for 10 days from the date of their positive test, as long as they have not subsequently developed symptoms, in which case the symptoms-based criteria for discontinuing isolation should be applied. • Fully vaccinated HCP who test positive and are asymptomatic should be excluded from work and observed for development of symptoms while additional



	<p>evaluation is conducted in consultation with the local health department. AFL 20-53.5</p> <ul style="list-style-type: none"> HCP that tests positive and are symptomatic (regardless of their vaccination status) should be excluded from work for 10 days from the date of their symptom onset.
	<p>You MUST issue work exclusion letters to all staff who test COVID-19 (+). Use the letter sent to you with the outbreak control recommendations provided by your assigned LTCF Outbreak Nurse. ACPHD Work Exclusion Letter</p>
	<p>For return-to-work criteria for employees, follow current guidance under “Criteria for Returning to Work after Isolation or Quarantine” on Alameda Covid-19 website: Isolation and Quarantine</p>
	<p>Utilize CDC Guidance for determining higher risk exposure. CDC Potential Exposure at Work CDC Community-Related Exposures</p>
	<p>If staffing shortages arise, consult with ACPHD about mitigation strategies. In limited situations facilities may be authorized to have asymptomatic (never symptomatic) HCP with confirmed COVID-19 return to work before full Return to Work Criteria are met.</p> <ul style="list-style-type: none"> These HCP should provide direct care only for residents with confirmed COVID-19, preferably in a cohort setting. These HCP are restricted from contact with severely immunocompromised patients. A separate break room & bathroom should be provided. <p>See CDC Staff Shortages and Crisis Capacity Strategy</p>
	<p>HCP who are <u>not fully</u> vaccinated and who experience a higher risk exposure should be excluded from work for 14 days. During critical staffing shortages, HCP can return to work after day 7 if they have a negative PCR on day 5 from the exposure and remain asymptomatic. AFL 21-08.4 Alameda County HOO 20-6k</p>
	<p><u>Fully</u> vaccinated HCP who experience a high-risk exposure but remain asymptomatic</p> <ul style="list-style-type: none"> do not need to quarantine or be excluded from work. should not care for immunocompromised residents. should be tested for COVID-19 between 3 to 5 days after an exposure. <p>Alameda County HOO 20-06k</p>
	<p>Work restrictions for fully vaccinated HCP populations with higher-risk exposures should still be considered for HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.</p>
	<p>When a COVID-19 positive HCP returns to work they should restrict contact with severely immunocompromised residents until 14 days after illness onset. This includes residents under cancer treatment, bone marrow or organ transplant recipients, immune deficiencies, poorly controlled HIV or AIDS, on immunosuppressant medications such as prolonged use of corticosteroids and other immune weakening medications, and residents who were critically ill with COVID-19 (intubated and/or in ICU).</p>
	<p>Do NOT require a negative test or doctor’s note for return to work</p>
	<p>Plan for worker absences. Do not require a healthcare provider’s note for employees who</p>

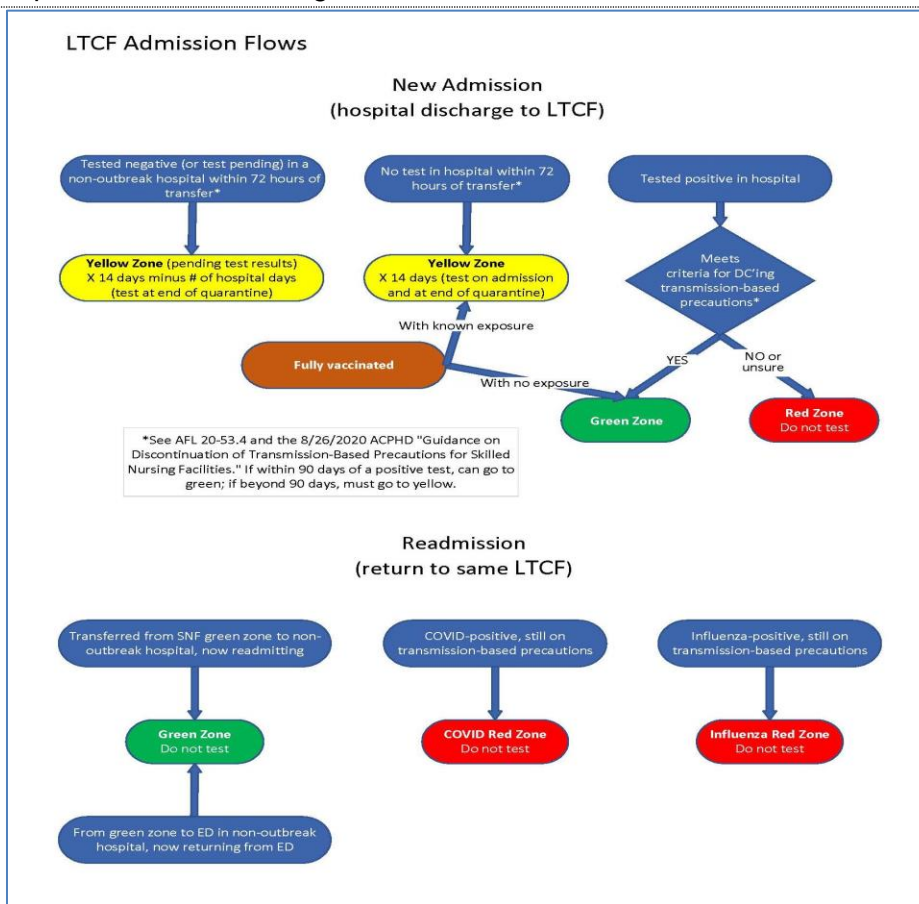


	<p>are sick to validate their illness.</p>
	<p>Facilities must avoid as much as possible using employees who have worked at another Licensed Facility or Other Agency in the past 14 days, while maintaining adequate staffing needs of the facility. If this is unavoidable then consider the following:</p> <ul style="list-style-type: none"> • Ask HCP who arrive directly from another facility to change scrubs or uniform prior to entering your facility. • Maintain consistency of assignments as much as possible (same registry staff caring for the same residents in the same cohort unit). • Instruct HCP who work at multiple facilities to notify all other employers that they are working at a facility that is currently experiencing an outbreak. • Encourage HCP tested routinely at another facility to share these results with all other employers or to participate in routine surveillance testing at this facility.
	<p>Facilities shall keep a daily log of employees present, identifying any other facilities they have worked at in the previous 14 days. That log shall be made available to local health department if requested.</p>
	<p>Travel Guidance: CDC Travel</p>
<p>Closure, Admissions and Re-admissions</p>	
	<p>Consult with medical director and ACPHD to determine if the facility should temporarily suspend new admissions during a suspected or confirmed COVID-19 outbreak. If recommended, the duration of suspension to new admissions will be determined for each situation individually. The effectiveness of the infection control measures implemented and the availability of a separate, unaffected building or unit to receive new admissions may be considered. AFL 20-87</p> <p><u>Other Criteria:</u></p> <ul style="list-style-type: none"> • <u>Acceptable staffing levels</u> • <u>Adequate supply of PPE</u> CDC Burn Rate Calculator • <u>Appropriate cohort zones</u> • <u>Following applicable testing strategies – first round of testing has been completed and results have been received.</u> • <u>Provide care safely without putting existing residents at risk.</u>
	<p>Covid-19 Positive Admissions and Re-admissions:</p> <ul style="list-style-type: none"> • Facilities must develop plans for managing new admissions and providing care for residents with COVID-19 who require Transmission-based precautions in a Red zone, while still maintaining the capacity to provide care safely for other residents. <u>A negative test result is not required for admission.</u> • Hospitalized patients with COVID-19 should be discharged when they no longer require the level of care provided in an acute care setting. Hospital discharge and admission or re-admission to a facility should not be delayed or prevented due to the COVID-19 status of the patient. Facilities should be prepared to accept and care for COVID-19 (+) patients and provide care safely without putting existing residents at risk. • For new or returning residents who were hospitalized for COVID-19 and are clinically ready for discharge from the hospital, implement Transmission-based



precautions including an N-95 respirator (or equivalent) and place resident in a single room in the **Red** zone until they qualify for discontinuation of precautions. If a single room is not available, residents with laboratory-confirmed COVID-19 may be cohorted in the same room.

Please see the schematic below for guidance on accepting transfers from acute care hospitals to skilled nursing facilities



Unvaccinated or partially vaccinated residents:

- All new admissions should be quarantined in single rooms or a separate observation area (Yellow zone) for a period of 14 days. If the resident was not tested for COVID-19 in the 72 hours prior to admission then test upon admission, and test again on day 14. If negative, release from quarantine. See [CDPH AFL 20-87](#) for more information.
- Testing and 14-day quarantine are recommended for residents readmitted after hospitalization or who leave the SNF for more than 24 hours, as well as for residents who leave the SNF for ambulatory care (e.g., emergency department, outpatient procedures, dialysis, or other clinic visits) when there is suspected or confirmed COVID-19 transmission at the outside facility. (Consult with your nurse investigator regarding outbreak status at sending Hospital and/or the sending hospital infection preventionist) [AFL 20-53.5](#)



Fully vaccinated residents admissions and re-admissions: Testing and quarantine is no longer required for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days; local health departments may continue to recommend quarantine for newly admitted residents from a hospital where there is known SARS-CoV-2 transmission. [AFL 20-53.5](#) [AFL-21-08](#) [PIN 21-17.2](#)

Managing Family, Visitors, and Volunteers in a COVID-19 Outbreak

Any visitor entering the facility, regardless of their vaccination status, must adhere to the following:

- Fully vaccinated visitors must provide verification of vaccination per [CDPH Health Officer Order 8/5/21](#) (amended 8/26/21). If unable to verify vaccination status, must be treated as unvaccinated.
- Unvaccinated or partially vaccinated visitors must have documentation of a negative SARS-CoV-2 test where the specimen collection occurred within 72 hours before each visit.
- Unvaccinated or partially vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 and release from isolation in lieu of testing.
- Visitors can access a digital copy of their COVID-19 vaccine record at <https://myvaccinerecord.cdph.ca.gov/>
- Facilities must have a plan in place for tracking verified visitor vaccination status or documentation of a negative SARS-CoV-2 test.
- Visitors must be **screened** by a designated staff member for fever and COVID-19 symptoms within the last 24 hours, wear appropriate well-fitting **face mask** and adhere to **physical distancing of at least 6 feet** and perform **hand hygiene** when entering the facility and when leaving the resident's room.
- Screen for close contact with anyone with COVID-19 symptoms or COVID-19 positive.
- If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID positive isolation status (including fully vaccinated visitors) or other conditions such as MDRO (multi-drug resistant organism) colonization, it must be donned and doffed according to instruction by HCP. (Visitation in **Red** zone is for compassionate care visitation only)
- If a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit.

Visitors who are unable to adhere to these core principles of COVID-19 infection prevention should not be permitted to visit and should be asked to leave.



Visitation Guidelines:

- In consultation with your nurse investigator, consider pausing all visitation (except that required under federal disability rights law), until facility-wide testing is completed 7 days after the first positive case.
- If this first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. (green zone)
- If this first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should consider suspending visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
- Compassionate Care/Essential visitation allowed in all zones and are exempt from the vaccination and testing requirements.
- Visitation in all zones is for compassionate/essential visitation only. See [PIN 21-40](#)
- Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommate's vaccination status.
- Safe, outdoor visitation may continue during an outbreak regardless visitor vaccination status. Outdoor visitation is preferred because it poses a lower risk of transmission due to increased space and airflow.
- For in-room visits, visitors may only go the resident's room and not to other areas of the facility.
- Facilities should limit the number of visits per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Visits should be scheduled for at least 30 minutes.
- Facilities should consider scheduling visits for a specified length of time to help ensure as many residents as possible are able to receive visitors.

[AFL-20-22](#) [PIN 21-40](#) [Visitation Guidance CMS QSO-20-39-NH](#)

Exemptions for Healthcare workers including Volunteers and Nursing Students:

- **Healthcare workers:** Facilities should follow [CDC guidelines](#) for limiting access to the facility to healthcare workers. Healthcare workers, including those from the local public health offices, should be permitted to come into the facility if they meet the [CDC guidelines for healthcare workers](#). For purposes of this AFL, health care workers include employees, consultants, contractors, **volunteers**, and caregivers who provide care and services to residents on behalf of the facility, and **students** in the facility's nurse aide training programs or from affiliated academic institutions.
- **Students:** Students obtaining their clinical experience as part of an approved nurse assistant, vocational nurse, registered nurse, pharmacy, social work or other healthcare training program should be permitted to come into the facility if they meet the [CDC guidelines for healthcare workers](#). **Students** entering the facility routinely must participate in the facility wide screening testing. [AFL 20-22.8](#)



See Below for Visitation/Outings/Admissions per Licensing Agency

CDPH SNFs and ICFs	CDSS RCFEs, AL, B&C
Fully vaccinated new admissions do not need to quarantine if they have not had prolonged close contact with someone with SARS-CoV-2 infection within the prior 14 days. Unvaccinated have to quarantine	New admissions do not need to quarantine if they test negative prior to admission and if they have not had close contact with someone with COVID-19 in the prior 14 days
Fully vaccinated residents and fully vaccinated visitors may include physical contact in-room and outdoors. AFL 20-22	Fully vaccinated residents and fully vaccinated visitors may include physical contact in-room and outdoors. If a resident is fully vaccinated and the visitor is not fully vaccinated, the resident can choose to have close contact (including touch) with their visitor while both wear a well-fitting face covering, whether indoors or outdoors. Safest approach is six feet of physical distancing.
Residents who leave the facility and have prolonged close contact with SARS-CoV-2 infection should quarantine for 14 days and be tested immediately and 5-7 days after the exposure regardless of vaccination status AFL 22.8 Alameda County HOO 20-6k	Residents returning to the facility from outings should quarantine for 14 days to a single room (if available) if the resident is symptomatic or if the resident is asymptomatic and had close contact with a person who is positive for COVID-19, regardless of their vaccination status. PIN 21-17.2

Assess Outbreak Control Measures

If new cases continue to be identified, facility leadership and ACPHD should review practices, obstacles to fully implementing control measures, and additional actions.

ACPHD LTCF Outbreak surveillance for new cases will continue until two consecutive weeks of response-driven testing reveal no positive test results AND 14 days have elapsed since last report of new confirmed or probable cases. Certain exceptions may apply.

Community Transmission

Community Transmission Rate	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

[CDC County Community Transmission Check](#)

[COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category Chart](#)

Additional resources:



- [ACPHD COVID-Influenza-like-Illness \(C-ILI\) Guidance](#)
- [ACPHD Fit-Testing Resources](#)
- [ACPHD COVID-19 Long Term Care Facility Webpage](#)
- [CDPH COVID-19 Webpage](#)
- [CDC Nursing Homes and Long-Term Care](#)
- [CDC Infection Control Training Modules](#)
- [CDC PPE Burn Rate Calculator](#)
- [CDC Duration of Isolation and Precautions for Adults with COVID-19: Ending Isolation](#)
- [CDC \(Interim Guidance\): Discontinuation of Transmission-Based Precautions](#)
- [CDC PPE Donning and Doffing Procedures and Signs](#)
- [CDC YouTube-How to Safely Take Off PPE](#)
- [CDC YouTube-How to Safely Put on PPE](#)
- [CAHF YouTube-Creating Airborne Infection Isolation Rooms \(AIIR\) for Long-Term Care](#)
- [CAHF YouTube-Understanding the Effects of Wildfire Smoke in the Long-Term Care setting](#)
- [CDSS PIN 21-32 Staff Testing and Masking Guidance 7/27/21](#)
- [CDSS PIN 21-23-ASC Quarantine and Isolation Guidance 4/20/2021](#)
- [CDSS PIN 21-17.2-ASC Visitation, Communal Dining, Group Activities, Non-essential Services, Outings, New Admissions and Entertainment 5/14/2021](#)
- [CDSS PIN 21-40 Updated Statewide Visitation Waiver, Testing, Visitor Verification 8/27/21](#)
- [CDSS PIN 21-44 Vaccination Requirements 9/28/21](#)
- [AFL 21-08](#) Guidance on Quarantine for HCP Exposed to SARS-CoV-2
- [AFL 20-53](#) Mitigation Plan Recommendations for Testing of HCP and Residents at SNF
- [AFL 20-22](#) Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities
- [AFL 20-74 Recommendations for Personal Protective Equipment \(PPE\), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities](#)
- [CalREDIE Manual Laboratory Reporting Module.pdf](#)