



## Long Term Care Facility COVID-19 Outbreak Control Recommendations

Updated 03/15/2022

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 ([ASC PINs page](#)) and include additional precautions and actions to control a suspected or confirmed outbreak.

**Note: All changes to this document as of 03/15/2022 in red.**

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## Definitions for Skilled Nursing or Residential Care Facilities

**Confirmed COVID-19 Outbreak LTCF:**  $\geq 1$  facility-acquired<sup>1</sup> COVID-19 case in a resident.

### **Other Reportable Events:**

- $\geq 1$  probable<sup>2</sup> or confirmed COVID-19 case in a resident or Health Care Personnel (HCP)
- or  $\geq 3$  cases of acute illness compatible with COVID-19 in residents with onset within a 72-hour period.<sup>3</sup>

**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. [Coronavirus Disease 2019 \(COVID-19\) 2021 Case Definition | CDC](#)

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

**Up to date:** a person who has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. [CDC Clinical considerations - COVID-19 Vaccines](#)

**HCP with Higher Risk Close Contact:** HCP with prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection.

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

**Worker:** all paid and unpaid individuals who work in indoor settings where care is provided to patients, or individuals with whom patients have access to for any purpose.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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 **confirmed outbreak or reportable event** to the Alameda County Public Health Department (ACPHD) at (510) **268-2785** or email [LTCFOutbreak@acgov.org](mailto:LTCFOutbreak@acgov.org) **Mon-Fri 8:30 am to 5:00 pm**. Begin isolation and quarantine of any confirmed/suspected cases. On weekends, if there are urgent issues call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the Public Health Duty Officer on call.
- Complete a line list using [ACPHD's Line List Template](#) for all **new** cases (residents, staff, or visitors) and **update** with **any changes**. Submit to ACPHD by secure email to [LTCFOutbreak@acgov.org](mailto:LTCFOutbreak@acgov.org) unless instructed otherwise by ACPHD.
- Submit a map/floor plan of your facility to ACPHD within 24 hours of reporting the outbreak.
- Skilled Nursing Facilities** (SNFs) should report **cases and outbreaks** to Licensing and Certification East Bay District Office: (510) 620-3900.
- Residential Care Facilities** (RCFE and ARF) should report **cases and outbreaks** to Community Care Licensing and Certification Regional Office: (510) 286-4201 and [CCLASCPOaklandRO@dss.ca.gov](mailto:CCLASCPOaklandRO@dss.ca.gov).
- All SARS-CoV-2 antigen and PCR tests (both positive and negative) must be reported by Electronic Laboratory Reporting (ELR). [Letter to Laboratories: Testing for SARS-CoV-2/COVID-19 \(ca.gov\)](#)  
[Guidance for SARS-CoV-2 Reporting and Enforcement \(ca.gov\)](#)
- Providers or facilities on behalf of providers, complete a Confidential Morbidity Report (CMR) within 24 hours for COVID-19 cases that result in hospitalization or death. CMRs should be submitted by email to [COVIDreport@acgov.org](mailto:COVIDreport@acgov.org) or Fax 510-273-3944. [Order of the State Public Health Officer: Revision of Mandatory Reporting of Covid-19 Results by Health Care Providers](#)
- For **other reportable diseases and contact information**, see [Reportable Communicable Diseases](#)

## Outbreak Control Recommendations

### Communication

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li><input type="checkbox"/> In addition to notifying ACPHD and Licensing &amp; Certification <b>about a new outbreak</b>, notify:           <ul style="list-style-type: none"> <li>• Infection preventionist and Director of Nursing</li> <li>• Facility administrator</li> <li>• Medical director</li> <li>• Health Services Director</li> <li>• HCP and caregivers who work at the facility</li> <li>• Primary care provider of:               <ul style="list-style-type: none"> <li>○ Residents who reside on a unit where an outbreak is occurring <b>or</b>,</li> <li>○ Residents who are a close contact of a resident, <b>staff, or visitor</b> who tested positive for COVID-19</li> </ul> </li> </ul> </li> </ul> |
|  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Facilities should actively engage providers with information on COVID therapeutics.</b> <a href="#">Monoclonal Antibody and Other Antiviral Treatments</a> <a href="#">Alameda Co Health Advisory - Outpatient Therapies for the Treatment and Prevention</a> <a href="#">NIH COVID-19 Treatment Guidelines</a></li> </ul>   |
|  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Distribute an outbreak communication letter to all residents and their families.</li> </ul>   |



- ❑ Post instructions for visitors, information on COVID-19 signs and symptoms, infection control precautions and other facility practices at entries/exits and other routes. Provide 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](#)

### Vaccination

Vaccination against COVID-19 is the most effective means of preventing infection with SARS-CoV2, transmission of the virus, outbreaks, and severe disease outcomes. Facilities are encouraged to provide easy access, education, and outreach to residents, their families, and the staff on the value and importance of being up to date with vaccinations.

- 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).
- All LTCF workers are required to be up to date with vaccinations, including boosters if eligible, by March 1, 2022 ([Adult Care Facilities and Direct Care Worker Vaccine Requirement](#)).
- HCP who have completed their primary vaccination series and who provide proof of COVID-19 infection may defer booster administration for up to 90 days from the date of diagnosis or first test.
- Workers in acute and skilled nursing facilities who are not up to date with vaccinations are required to test for COVID-19 at least twice weekly and workers in other Long Term Care Facilities are required to test for COVID-19 weekly.
- All Long-Term Care Facilities must maintain records of worker vaccination or exemption status.

LTCF's should vaccinate residents with the influenza vaccine at the beginning of every influenza season. Mild illness is not a contraindication to flu vaccinations, and residents may receive vaccination regardless of COVID status.

Offer Influenza and COVID-19 Vaccines to all unvaccinated new admissions.

### Surveillance of Staff and Residents

Measure temperature and oxygen saturation and assess for symptoms of suspected COVID-19 every shift among all residents.

- Residents in the Red and Yellow zones should be assessed every 4 hours with vital signs including oxygen saturation (e.g., twice a shift). See "Resident Placement, Movement Restrictions & Transferring Residents" Section on page 9.
- 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



	<p>malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures &gt;99.0°F might also be a sign of fever in this population.</p> <ul style="list-style-type: none"> <li>• Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection. <a href="#">CDC Evaluating and Managing Personnel and Residents.</a></li> </ul>
	<p>Maintain Standard precautions while performing all surveillance activities. See CDC guidance <a href="#">COVID-19 Personal Protective Equipment (PPE)   NIOSH   CDC</a> 10-5-2021</p>
	<p>Institute symptom monitoring and temperature checks of all staff at the facility entrance or within main reception area. See <a href="#">COVID-19 Screening Guidance for Businesses and Organizations</a> &amp; <a href="#">COVID-19 Self-Assessment Screening Guidance for Personnel</a></p> <ul style="list-style-type: none"> <li>• 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 &amp; runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea.</li> <li>• See “Managing Ill Staff &amp; Exposure” section for details on handling ill staff.</li> </ul>
	<p>Monitor and report staff absenteeism due to any suspected COVID-19 symptoms.</p>
<h3>Testing</h3>	
	<ul style="list-style-type: none"> <li>• Develop and implement plans to conduct testing at your facility. <a href="#">Testing Guidelines for Nursing Homes (CDC)</a></li> <li>• Consider implementing Antigen testing for fast results in order to Isolate and Quarantine effectively</li> <li>• See guidelines and resources for Antigen Testing:       <ul style="list-style-type: none"> <li>○ <a href="#">California COVID-19 Testing Task Force</a></li> <li>○ <a href="#">CDSS PIN 21-16 Guidance on the Use of Antigen Tests</a></li> <li>○ <a href="#">CDSS PIN 21-11 Options for Accessing Testing</a></li> <li>○ <a href="#">Reporting Antigen Test Results</a></li> </ul> </li> </ul>
	<p>Test for additional respiratory viruses <b>when the symptoms, or existing surveillance in the facility warrants</b>, for example, influenza A and B during flu season, <b>and RSV.</b></p>
	<p>Follow infection control precautions when collecting nasopharyngeal (NP) and other swabs:</p> <ul style="list-style-type: none"> <li>• Patient should be in a single room with door closed.</li> <li>• Minimum number of staff should be in room.</li> <li>• Perform hand hygiene immediately before donning and immediately after doffing. <a href="#">COVID-19 Personal Protective Equipment (PPE)   NIOSH   CDC</a></li> <li>• Wear N-95 respirator (or equivalent), eye protection (face shield or goggles), disposable gown and gloves.</li> <li>• For further guidance on proper specimen collection, see CDC guidelines for methods of specimen collection.       <ul style="list-style-type: none"> <li>○ <a href="#">Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)</a></li> </ul> </li> <li>• Please check with your testing laboratory to confirm the most appropriate specimen, transport medium, etc. for collection.</li> </ul>





**Screening and Diagnostic Testing**

For Information re: Screening and Diagnostic Testing (performed when not in Outbreak Response) Please see [AFL 21-28](#) [AFL 20-53](#) [PIN 21-32.1](#)

**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 serial retesting at least weekly with molecular testing or a minimum of twice weekly with antigen testing of all residents (excluding retirement community residents unless they have been in communal settings with other residents) and facility staff, regardless of vaccination status. Serial retesting should continue to be performed until no new cases are identified in sequential rounds of testing covering a 14-day period. The facility may then resume their regular screening testing schedule as outlined above.  
[AFL 20-53](#) [PIN 21-32.1](#)

If using a **rapid antigen** test for response-driven testing of residents and staff, test twice a week and refer to [Considerations for Interpreting Antigen Test Results in Nursing Homes \(cdc.gov\)](#)

- [SARS-CoV-2 Antigen Testing in Long Term Care Facilities | 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 **symptomatic individuals who test negative should receive a PCR test**)  
**Antigen tests provide timely results for purposes of cohorting residents and isolating staff immediately and is the preferred testing method.**

**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 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 twenty-four hours** from the time the laboratory notifies the health care provider or other person authorized to receive the report.”

[Order of the State Public Health Officer: Revision of Mandatory Reporting of Covid-19 Results by Health Care Providers](#)

See [CalREDIE Manual Laboratory Reporting Module.pdf](#) for instructions on reporting Antigen results.

**Response testing should continue until no new cases are identified 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.
- **If staff test positive, identify contacts during the infectious period (two days before symptom onset or two days before positive test result if no symptoms) to determine exposure to residents.**



- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine ("yellow-exposed" status) after their exposure, even if viral testing is negative.

Residents or HCP with signs or symptoms potentially consistent with COVID-19 should be isolated and 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.**

- 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.
- 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](#)

[AFL 20-53](#)

ACPHD offers assistance to coordinate testing but has limited ability to support testing in facilities; If there are support needs for testing, contact your assigned PHN or [LTCFoubreak@acgov.org](mailto:LTCFoubreak@acgov.org). Do not send specimens directly to the Alameda County Public Health Laboratory without approval.



**HCP Testing Recommendations in SNFs and other LTCF**

<b>Vaccination Status</b>	<b>Routine Diagnostic Screening</b>	<b>Response Testing</b>	<b>Testing following a High-Risk Exposure</b>	<b>Symptomatic Testing</b>	<b>Testing for Return to Work for Positive HCP</b>
<b>Up to Date</b>	Not required but strongly recommended	Yes	Yes	Yes	Yes, if returning at day 5 after symptom onset or positive test
<b>Fully vaccinated and booster eligible but not yet boosted</b>	Yes, twice weekly in SNFs and once per week in other LTCFs	Yes	Yes	Yes	Yes, if returning at 7 days after symptom onset or positive test
<b>Unvaccinated or incompletely vaccinated with exemption</b>	Yes, twice weekly in SNFs and once per week in other LTCFs	Yes	Yes	Yes	Yes, if returning at 7 days after symptom onset or positive test
<b>Recovered from COVID within 90 Days</b>	No	No	Consider, antigen test preferred	Yes, with new symptom onset	Yes, if reinfected and returning at 5-7 days after symptoms onset





## Resident Placement, Movement Restrictions & Transferring Residents

Plan for and create three distinct cohort areas to be ready as soon as you have a positive case.

These could be a separate wing, unit, or rooms at the end of the hallway:

### 1. **Red Zone:**

- 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](#)
- 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\*.

- **Yellow Zone Quarantine is 7 days and until day 5-7 tests results are available before releasing into the Green Zone. If results are positive, isolate in Red Zone. Without testing, they should be quarantined for 10 days.**
- **New admissions that are not up to date. This is Yellow Zone: observation.**
- Residents recently returned from a hospital with a known outbreak regardless of vaccination, single room if possible.
- Residents who are symptomatic pending lab results, single room if possible.
- **SNF (Skilled Nursing Facility) residents** that leave the facility for < 24 hours with no known exposures and are not up to date with vaccinations.
- **SNF (Skilled Nursing Facility) residents** that leave the facility for > 24 hours with known exposures regardless of vaccination.
- Residents with known exposures to COVID **or residents who have been in an area staffed by a person who is COVID-19 positive: up to date, unvaccinated**
- Residents who refuse response driven testing should be quarantined until no further response driven testing is required.
- 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 *C. difficile* infection, etc.).

3. 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. Avoid movement of residents that could lead to new exposures, for example, moving a resident into a room where one of the new roommates is subsequently found to have unidentified asymptomatic infection.

### 3. **Green Zone:**

- COVID-19 negative without known exposure in the last 14 days
- COVID-19 recovered
- **New admissions that are up to date with vaccination do not need to be quarantined and can be admitted to the Green Zone.**



	<ul style="list-style-type: none"> <li>• Re-admission of <b>Green Zone</b></li> <li>• Resident with no known exposure</li> </ul>
	<p>DO NOT MOVE probable or suspected-cases from their rooms within the <b>Green</b> or <b>Yellow</b> Zones unless they are COVID-19 (+). 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, implementing 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.</p> <p><a href="#">AFL 20-22</a></p>
	<p>Regardless of vaccination status, residents in <b>Yellow</b> and Red Zones should stay in their rooms, should not participate in communal dining, nor group activities, nor access shared facility amenities, equipment, or non-essential services (e.g., salon and barber services) until they meet the conditions to discontinue isolation or quarantine.</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 <b>must</b> use the <a href="#">Alameda County COVID-19 Infection Control Transfer Form</a> to <b>communicate to transport personnel and other HCP accepting the resident that your facility is experiencing a suspected or confirmed COVID-19 outbreak</b>. 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><a href="#">AFL 20-53 CDC Evaluating and Managing Personnel and Residents</a></p>
<p><b>Ventilation</b></p>	
	<p>In <b>Red</b> and <b>Yellow</b> Zones, review and address ventilation to ensure air flow is adequate. Observe ceiling vents, the use and position of fans, and if air can travel from <b>Red</b> Zones and/or <b>Yellow</b> Zones to other areas of the facility. When residents are placed in rooms in the <b>Yellow</b> and <b>Red</b> Zones, their doors should remain closed if possible. A portable air cleaner with a HEPA filter should be placed in their rooms. A room window should be open with a small fan turned around and pulling the air from the rooms to the outside if possible. Bathroom fans should always remain on. Ceiling fans in <b>Red</b> and <b>Yellow</b> Zone rooms should be turned off and portable fans circulating “dirty air” should not be used.</p>
	<p>If there are two ceiling vents in the <b>Red</b> and <b>Yellow</b> Zone rooms, one vent is likely pushing air into the room and the other is pulling air out of the room and potentially recirculating the “dirty” and potentially contaminated air to other resident rooms. If this is the case, completely cover the vent pulling “dirty” air out of the <b>Red</b> and <b>Yellow</b> Zone rooms when they are occupied with positive or PUI residents.</p>



In addition, note areas in the facility with poor air flow such as windowless staff breakrooms, poorly ventilated dining rooms and therapy rooms where portable air cleaners should be placed. Portable air cleaners are designed to take in “dirty air,” filter contaminants, and release fresh air back into the room. HEPA filtration is proven; ozone and “ionizers” are not recommended.

**Resources:**

- [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments \(ca.gov\)](#)
- [Ventilation in Buildings | CDC](#)



### 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 Instructions for putting on and removing 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.

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

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 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](#)

**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



	<p>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.</p> <p><a href="#">How do I test the seal on my N95 - CDC Project First Line video</a></p>
	<p><b>N95's for those not up to date with vaccination:</b></p> <ul style="list-style-type: none"> <li>• <b>LTCFs are required to offer their unvaccinated staff an N95 mask and encourage them to be used for source control.</b></li> <li>• <b>Unvaccinated are not required to wear a N95 mask but must always wear a surgical mask inside the LTCF</b></li> </ul> <p><a href="#">AFL 21-28</a> <a href="#">CDSS PIN 21-32.1</a> <a href="#">CDSS PIN 21-38</a></p>
	<p>Educate HCP on hand hygiene, respiratory hygiene, cough etiquette, and document training activities. (Consider use of Glo Germ<sup>R</sup> for training of hand hygiene. <a href="https://www.glogerm.com/">https://www.glogerm.com/</a>)</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. <a href="#">CDC Donning</a> and <a href="#">Doffing PPE CDC Instructions for putting on and removing PPE</a></p>
	<p>Conduct ongoing monitoring of compliance with hand hygiene and PPE procedures and provide on-the-spot correction as needed. <a href="#">HAI Training and Resources</a></p>
	<p>Ensure an adequate supply of <b>test kits</b>, 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. Ensure 1 week supply of PPE at minimum, preferable 30-day supply. <a href="#">CDC Burn Rate Calculator</a> 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>
	<p>Whenever possible, bundle care &amp; 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.</p>
	<p>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.</p>





## 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**, 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 days and up to 20 days** since symptoms first appeared. [CDC Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure](#).
4. Persons who are **moderately or 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.

The **moderately or severely immunocompromised** 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).

[People with Certain Medical Conditions | CDC](#)

## 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 Candida Auris, C. difficile 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 **stay home and** 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:

HCP who test positive and are **symptomatic (regardless of their vaccination status)** should be excluded from work for 10 days from the date of their symptom onset.

#### Work Restrictions for asymptomatic HCP with SARS-CoV-2 INFECTION

Vaccination Status	Routine work restriction	Critical staffing shortage
Up to Date	5 days* with negative diagnostic test <sup>†</sup> same day or within 24 hours of return-to-work <b>OR</b> 10 days without a viral test	<5 days with most recent diagnostic test <sup>†</sup> result to prioritize staff placement <sup>‡</sup>
Unvaccinated or not Up to Date	7 days* with negative diagnostic test <sup>†</sup> same day or within 24 hours of return-to-work <b>OR</b> 10 days without a viral test	5 days with most recent diagnostic test <sup>†</sup> result to prioritize staff placement <sup>‡</sup>

#### Work Restrictions for asymptomatic HCP with EXPOSURE to SARS-CoV-2

Vaccination status	Routine work restriction	Critical staffing shortage
Up to date	No work restrictions with negative diagnostic test <sup>†</sup> upon identification, and at 5-7 days	No work restriction with diagnostic test <sup>†</sup> upon identification and at 5-7 days
Unvaccinated or not Up to Date	7 days with negative diagnostic test <sup>†</sup> upon identification <b>AND</b> negative diagnostic test within 48 hours prior to return to work	No work restriction with diagnostic test <sup>†</sup> upon identification and at 5-7 days

\*Asymptomatic or mildly symptomatic with improving symptoms, and meeting negative test criteria; facilities should refer to CDC guidance for HCP with severe to critical illness or moderately to severely immunocompromised.



	<p>† Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP and for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; NAAT is also acceptable if done and negative within 48 hours of return.</p> <p>‡ If most recent test is positive, then HCP should provide direct care only for patients/residents with confirmed SARS-CoV-2 infection, preferably in a cohort setting. This may not apply for staff types or in settings where practically infeasible (e.g., Emergency Departments where patient COVID status is unknown) or where doing so would disrupt safe nurse to patient ratios, and for staff who do not have direct patient/resident care roles.</p> <ul style="list-style-type: none"> <li>• In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure.</li> <li>• HCP whose most recent test is positive and are working before meeting routine return-to-work criteria must maintain separation from other HCPs as much as possible (for example, use a separate breakroom and bathroom) and wear a N95 for source control at all times while in the facility.</li> <li>• Similarly, exposed and not up to date HCP who are working during their quarantine period should also wear a N95 for source control at all times while in the facility until they meet routine return-to-work criteria. Healthcare facilities should make N95 respirators available to any HCP.</li> <li>• These HCP are restricted from contact with severely immunocompromised patients.</li> </ul> <p><a href="#">ACPHD HOO 20-05g</a> <a href="#">AFL 21-08</a> <a href="#">PIN 22-09</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a></p>
	<p>Please provide Isolation and Quarantine information to staff who test COVID-19 positive or are quarantined. See ACPHD Isolation and Quarantine Guidance (available in multiple languages)  <a href="https://covid-19.acgov.org/isolation-quarantine">https://covid-19.acgov.org/isolation-quarantine</a></p>
	<p>Utilize CDC Guidance for determining higher risk exposure.  <a href="#">CDC Potential Exposure at Work</a></p>
	<p>HCP with higher risk exposure:</p> <ul style="list-style-type: none"> <li>• If they are <u>not up to date</u>, they should quarantine as per asymptomatic HCP with exposure (see above). 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.</li> </ul> <p><a href="#">AFL 21-08</a> <a href="#">ACPHD HOO20-06o</a></p>
	<ul style="list-style-type: none"> <li>• If they are <u>up to date</u>, and they remain asymptomatic they do not need to quarantine or be excluded from work and they <b>should be tested for COVID-19 between 5 to 7 days after an exposure.</b></li> </ul> <p><a href="#">ACPHD HOO20-06o</a></p>
	<p><b>Work restrictions for fully vaccinated and up to date HCP populations with higher-risk exposures should still be considered for HCP who have underlying immunocompromising conditions</b> (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.</p>
	<p>Do <b>NOT</b> 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 are</p>



	<p>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"> <li>• Ask HCP who arrive directly from another facility to change scrubs or uniform prior to entering your facility.</li> <li>• Maintain consistency of assignments as much as possible (same registry staff caring for the same residents in the same cohort unit).</li> <li>• 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.</li> <li>• 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.</li> </ul>
	<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><b>Travel Guidance:</b> <a href="#">CDC Travel</a></p>
<p><b>Facility Admissions and Re-admissions</b></p>	
	<p><b>Covid-19 Positive Admissions and Re-admissions:</b></p> <ul style="list-style-type: none"> <li>• Facilities must develop plans for managing new admissions and providing care for residents with COVID-19 who require transmission-based precautions in a <b>Red Zone</b>, while still maintaining the capacity to provide care safely for other residents. <u>A negative test result is not required for admission.</u></li> <li>• 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.</li> </ul> <p>For new or returning residents who were hospitalized for COVID-19 and are clinically ready for discharge from the hospital, implement transmission-based precautions and place resident in a single room in the <b>Red Zone</b> 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.</p>
	<p>Consider these questions when deciding about new admissions, with the priority of preventing and mitigating spread of COVID-19*.</p> <ol style="list-style-type: none"> <li>1. Is the facility able to conduct initial testing of residents, and cohort based on test results, optimally with second round (additional testing) of residents at days 3-7?</li> <li>2. Can the facility isolate, and quarantine residents as described in these recommendations?</li> <li>3. Are all staff trained on the use of infection prevention measures (hand hygiene, PPE use, cleaning/disinfecting) and can staff maintain hand hygiene (handwashing), proper use of PPE and cleaning/disinfecting protocols, optimally validated by adherence monitoring?</li> </ol>



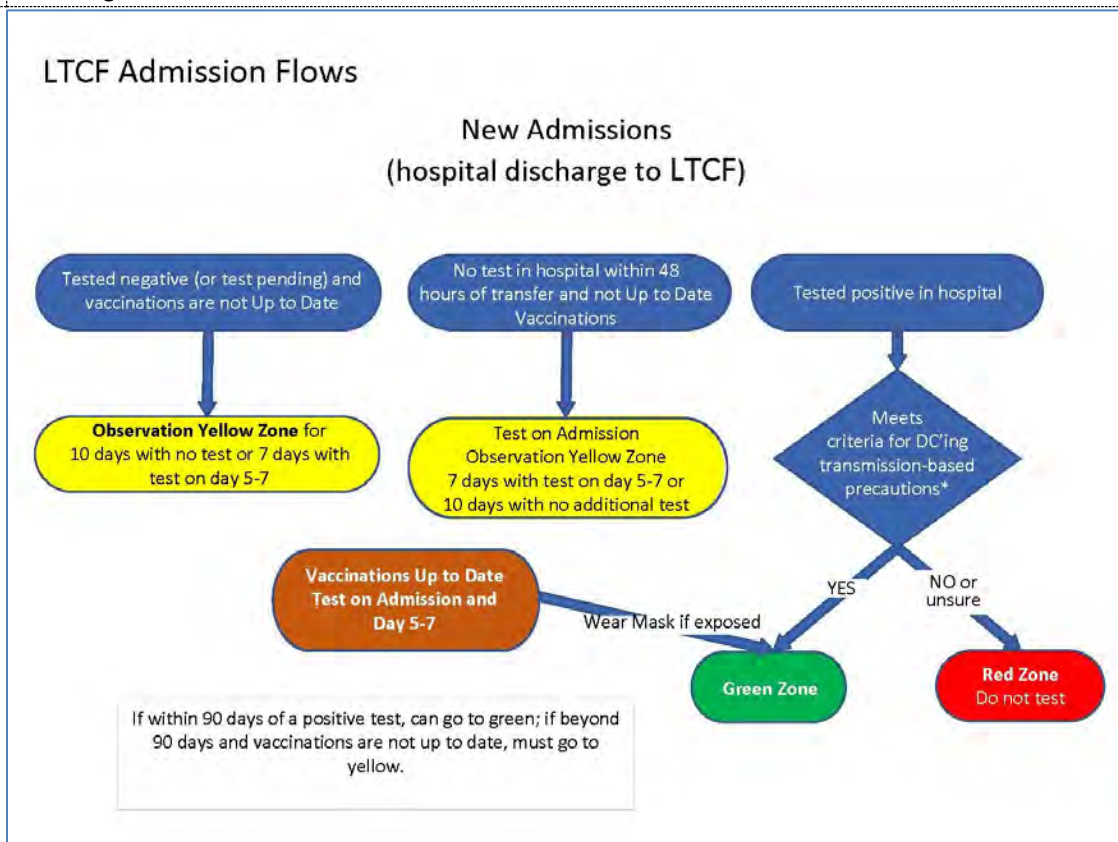
4. Does the facility have adequate supplies of PPE to meet the needs of current patients and future patients for a minimum of 2 weeks?
5. Does the facility have sufficient staffing to meet the safety requirements of all residents (i.e., designated staff for Red Zone)?

\*Note: if unable to follow the applicable testing strategies (i.e., significant delays in lab TAT, no/low supply of rapid test kits), it is difficult to isolate and quarantine appropriately.

The effectiveness of the infection control measures implemented and the availability of a separate, unaffected building or unit to receive new admissions should be considered.

[AFL 20-87](#)

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



### Residents Who Take Excursions from the Facility

Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if vaccines are not up to date, or they are unvaccinated.

- They should be reminded to avoid crowds and poorly ventilated spaces.



- They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including masking, physical distancing, and hand hygiene.
- If they are visiting friends or family in their homes, they should follow the masking and physical distancing recommendations for visiting with others in private settings as described [How to Protect Yourself & Others | CDC](#)
- Residents who have prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection while outside the facility should quarantine in the yellow-observation and be tested immediately, and at 5-7 days after exposure prior to return to their usual room in green-unexposed/recovered area, regardless of their vaccination status.

[AFL 22-07](#) [CDSS PIN 21-17.2](#)

### Managing Family, Visitors, and Volunteers

**While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.** Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

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

**Facilities must: (1) verify visitors are fully vaccinated, or (2) for unvaccinated or incompletely vaccinated visitors, verify documentation of a negative SARS-CoV-2 test.**

LTCF's must verify visitors are fully vaccinated **or** have provided evidence of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests for indoor visitation. Visitors that are unvaccinated or incompletely vaccinated or are unable to show a negative SARS-CoV-2 test may only have an outdoor visit.

[AFL 22-07](#) [QSO-20-39](#) [PIN 22-07-ASC](#) [CDPH HOO Requirements for Visitors](#)

- All visitors must be screened for fever and COVID-19 symptoms and/or exposure within the prior 14 days to another person with COVID-19; if a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit, regardless of their vaccination status.
- All visitors must 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 in all common areas in the facility;





- If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP.
- Facilities should limit visitor movement in the facility, regardless of the visitor's vaccination status; for example, visitors should not walk around the hallways of the facility and should go directly to and from the resident's room or designated visitation area.
- For visitors who visit for multiple consecutive days, proof of negative test is only required every third day.
- Unvaccinated or incompletely vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing.
- Either antigen or PCR testing is acceptable for testing.
- **Visitors who have tested positive for COVID-19 should not be permitted to visit or should be asked to leave if they are still within their isolation period (within 10 days of their positive test).**

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

[QSO 20-39](#) [CDSS PIN 22-07](#)

Visitors who are visiting a resident in critical condition, when death may be imminent, are exempt from the vaccination and testing requirements, however, must comply with all infection control and prevention requirements applicable for indoor visits.

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.

If a resident is not able to leave their room or otherwise meet with visitors outdoors, the visitation may take place indoors even for visitors who cannot provide vaccine verification or a negative test; however, these visits cannot take place in common areas, or in the resident's room if the roommate is present. The visitor must wear a well-fitted mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and the resident must also wear a well-fitting face mask at all times and physically distance.

Facilities must have a plan in place for tracking verified visitor vaccination status or documentation of a negative SARS-CoV-2 test.

Visitors can access a digital copy of their COVID-19 vaccine record at <https://myvaccinerecord.cdph.ca.gov/>

**Guidance on Physical Contact:**

**CDPH:** [AFL 22-07](#)

- Outdoor visits between residents and all visitors who are fully vaccinated, must be conducted with face masks and may include physical contact (e.g., hugs, holding hands).
- Indoor visits must be conducted with both the resident and visitor wearing a well-fitting face mask. If both the resident and visitor are fully vaccinated, they do not need to





physically distance and can include physical contact (e.g., hugs, holding hands) but must wear a well-fitting face mask while in the resident's room unless eating or drinking.

- 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.
- Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the facility. [QSO-20-39-NH](#)

**CDSS:** [CDSS PIN 22-07](#)

- Visitors and residents may have close contact (including touch, hugs, assisting with activities of daily living, etc.) while both the visitor and the resident perform hand hygiene before and after contact and are wearing a well fitted face mask with good filtration

**Summary Table of Updated Visitation Guidance (03/01/2022)**

**New Visitation Requirements for SNFs and CDSS licensed RCFEs and ARFs as of 03/01/2022**

AFL 22-07 issued 2/7/22 and PIN 22-07 issued 2/7/22

**Indoor Visitation is always allowed for all residents regardless of the vaccination status of the resident or the location (green, yellow, red zone) of the resident if –**

- The visitor is **\*fully vaccinated**, or -
- The visitor has a **negative SARS CoV-2 test**, or -
- The visitor has had **SARS CoV-2 infection and recovered in the last 90 days**

**Adequate documentation is required.**

**Outdoor Visitation only - For visitors who are unvaccinated, or do not have proof of a negative test (and have not had SARS CoV-2 infection and recovered in the last 90 days)**

**Note – if a resident is unable to leave their room to meet with visitors outdoors, or the resident is in critical condition, the visitation may take place indoors under strict infection control protocols**

**PPE requirements for visitors:**

- **Visitors and residents always wear a well-fitting mask while visiting together**
- **Visitors must wear other PPE as directed by facility healthcare staff**
- **Visitors must physically distance from others**
- **Vaccinated residents and staff can have close contact if wearing a well fitted mask**

**\*Fully vaccinated only, they do not have to show evidence of the booster dose.**



### 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. Healthcare 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 Health Care workers. **Students** entering the facility routinely must participate in the facility wide screening testing. [AFL 20-22.9](#)

### Assess Outbreak Control Measures

If new cases are identified, facility leadership 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

CDC's new COVID-19 Community Levels recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Healthcare settings should continue to use community transmission rates and continue to follow CDC's infection prevention and control recommendations for healthcare settings. [Community Transmission Alameda County](#)



## Additional Resources:

### ACPHD

- [COVID-Influenza-like-Illness \(C-ILI\) Guidance](#)
- [Fit-Testing Resources](#)
- [COVID-19 Long Term Care Facility Webpage](#)

### CDC

- [Nursing Homes and Long-Term Care](#)
- [Infection Prevention Training](#)
- [PPE Burn Rate Calculator](#)
- Duration of Isolation and Precautions for Adults with COVID-19: [Ending Isolation](#)
- Interim Guidance: [Discontinuation of Transmission-Based Precautions](#)
- [Interim Guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [PPE Donning and Doffing Sequence and Signs](#)
- [YouTube-How to Safely Take Off PPE](#)
- [YouTube-How to Safely Put On PPE](#)

### CAHF

- [YouTube-Creating Airborne Infection Isolation Rooms \(AIIR\) for Long-Term Care](#) 6-21-21
- [YouTube-Understanding the Effects of Wildfire Smoke in the Long-Term Care setting](#) 6-21-21

### CDSS

- [All COVID-19 ASC PINs by Topic](#)
- [PIN 21-32.1 Staff Testing and Masking Guidance](#) 8/11/21
- [PIN 21-23-ASC Quarantine and Isolation Guidance](#) 4/20/2021
- [PIN 21-17.2-ASC Visitation, Communal Dining, Group Activities, Non-essential Services, Outings, New Admissions and Entertainment](#) 5/14/2021
- [PIN-21-49-ASC Updated Guidance on Communal Dining, Group Activities, Entertainment, Non-essential Services and Transportation](#) supersedes in part PIN 21-17.2 11/17/22
- [PIN 22-07-ASC Updated Statewide Visitation Waiver, Testing and Vaccination Verification](#) 2/7/22
- [PIN-22-09-ASC Updated Guidance on Quarantine and Isolation for Facility Staff](#) 2/14/22
- [PIN 21-16 Guidance on the Use of Antigen Tests](#)
- [PIN 21-30 CDPH Antigen Testing Program for CDSS Facilities](#)

### CDPH

- [CDPH Guidance by Topic](#)
- [AFL 20-53](#) COVID-19 Mitigation Plan Recommendations for Testing of HCP & Residents at SNF
- [AFL 20-74 Recommendations PPE, Resident Placement/Movement, and Staffing in SNF's](#)
- [AFL 21-28](#) COVID-19 Testing, Vaccination Verification and PPE for HCP at SNF's
- [AFL 21-34](#) COVID-19 Vaccine Requirement for Healthcare Personnel (HCP)
- [AFL 21-08](#) Guidance on Quarantine and Isolation for Health Care Personnel (HCP) and Return to Work for HCP with COVID-19
- [AFL 22-07](#) Guidance for Limiting the Transmission of COVID-19 in Skilled Nursing Facilities
- [Requirements for Visiting Nursing Homes Flyer](#)



**Alameda County Health Care Services Agency**  
**Public Health Department**  
[www.acphd.org](http://www.acphd.org)

Colleen Chawla, Director  
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Nicholas Moss, MD, Health Officer

Public Health Department: Main Line (510) 267-8000

COVID-19 Information: (510) 268-2101

COVID-19 Vaccine Appointments: (510) 268-4829

- [Antigen POC Test Reporting](#)
- [Recommendations for the Prevention and Control of Influenza](#)

#### California Health Officer Orders

- California State Public Health Officer Order 12/31/21, updated 2/27/22 [Requirements for Visitors in Acute Health Care and Long-Term Care Settings](#)
- California State Public Health Officer Order 2/22/22 [Health Care Worker Vaccine Requirement](#)

#### CalREDIE

- [CalREDIE Manual Laboratory Reporting Module.pdf](#)