

COVID-19 Update for Skilled Nursing Facilities:

Boosters, Quarantine & Isolation, Visitation, Testing, and More

January 7, 2022

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Los Angeles County Department of Public Health
Acute Communicable Disease Control Program



Disclosures

There is no commercial support for today's webinar.

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting.

This webinar is meant for skilled nursing facilities and is off the record. Reporters should log off now.



DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (1/7/22), so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.



Presentation Agenda

- Local and SNF COVID-19 Trends
- COVID-19 Vaccine Boosters Doses
 - What's the evidence behind booster doses?
 - New State & County COVID-19 Booster Requirements for Workers in Health Care Settings
 - Best Practices for Improving Booster Acceptance
- Quarantine & Isolation for HCP
- Resident Cohorting Updates
- Communal Dining, Group Activities, Visitation Updates
- COVID-19 Testing of Staff and Residents
 - PCR vs point-of-care antigen
 - Update on point-of-care antigen test kit supply
- Q and A

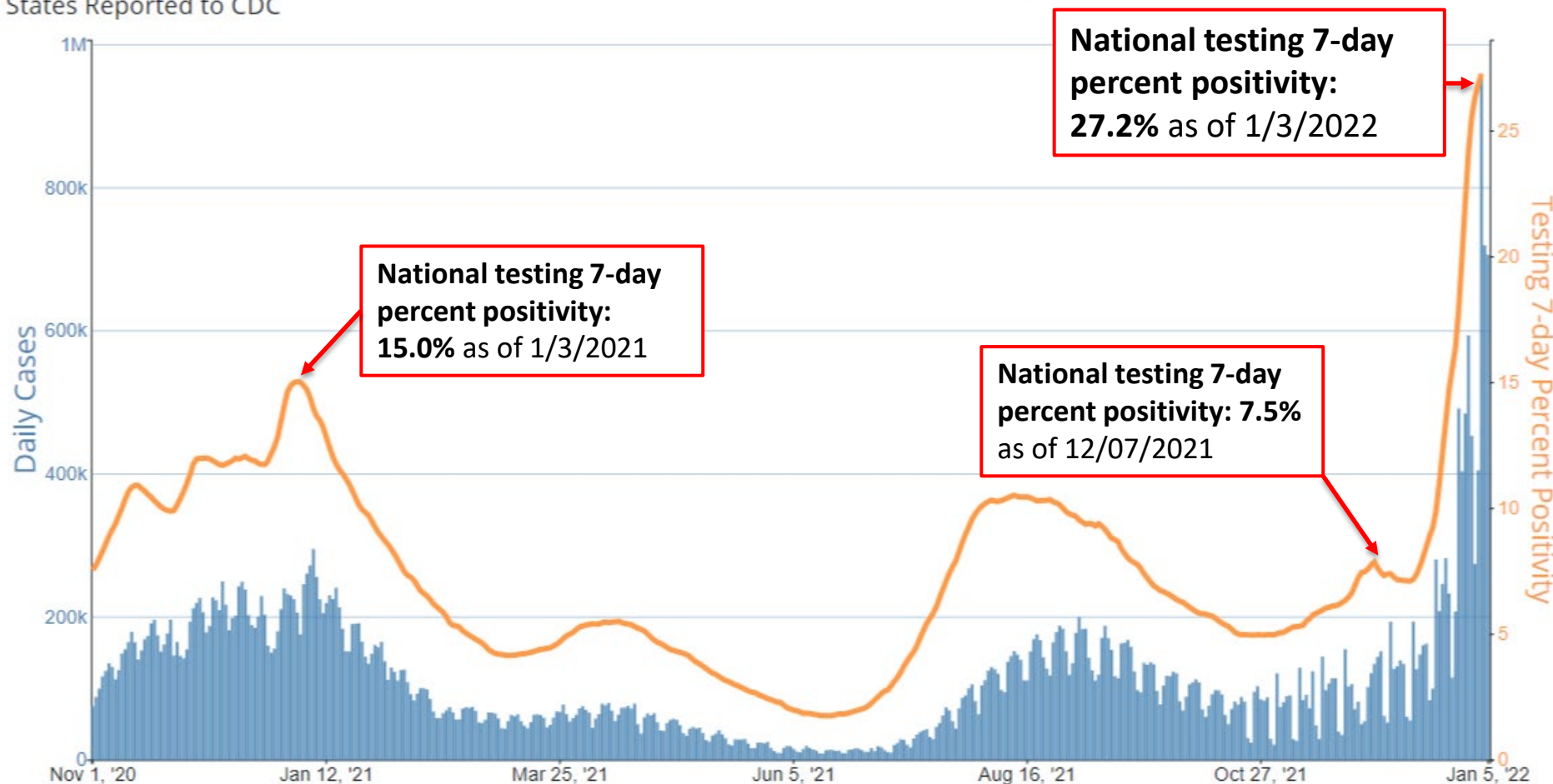


Local and SNF COVID-19 Trends



National Daily Trends in COVID-19 Cases and Testing 7-day % Positivity

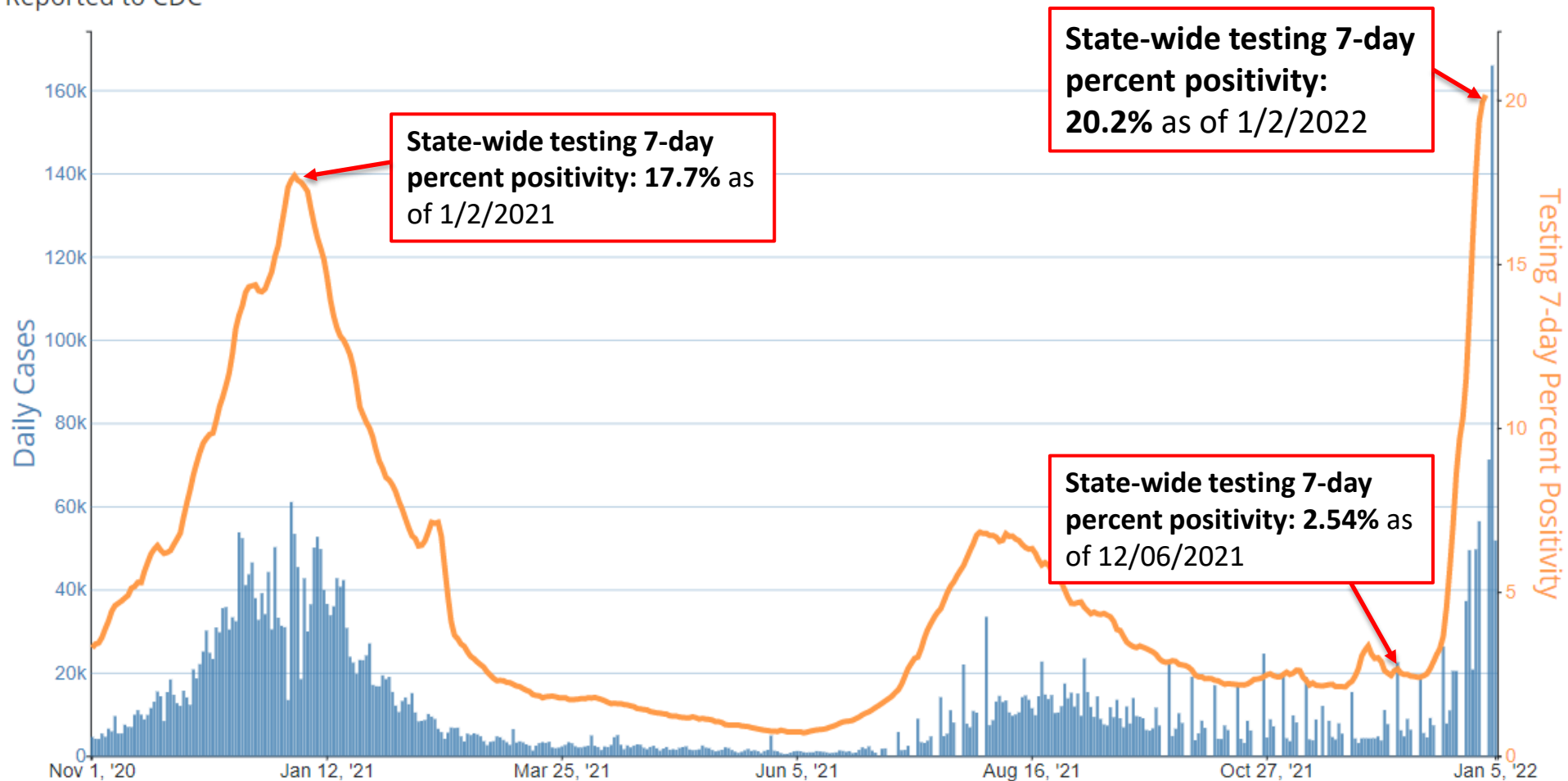
Daily Trends in Number of Cases and COVID-19 Nucleic Acid Amplification Tests (NAATs) 7-day Percent Positivity in The United States Reported to CDC



<https://covid.cdc.gov/covid-data-tracker/>

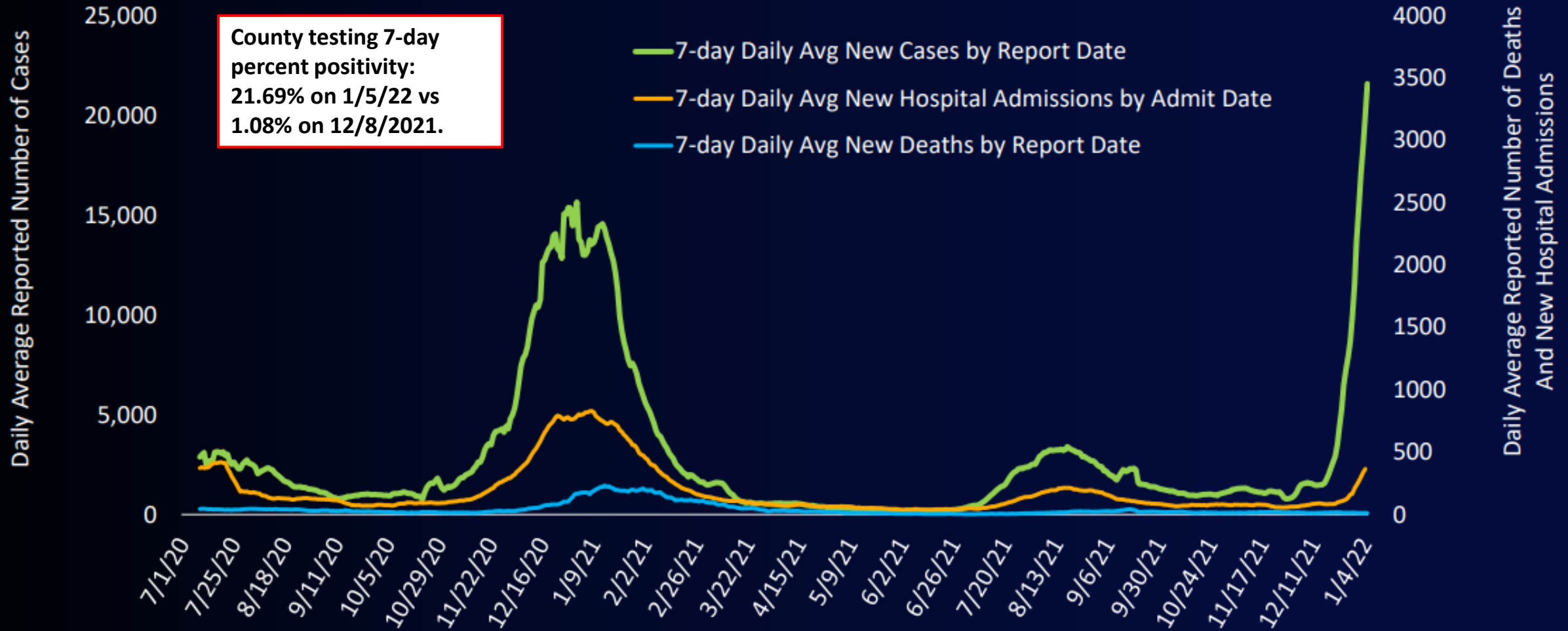
State Daily Trends in COVID-19 Cases and Testing 7-day % Positivity

Daily Trends in Number of Cases and COVID-19 Nucleic Acid Amplification Tests (NAATs) 7-day Percent Positivity in California Reported to CDC



<https://covid.cdc.gov/covid-data-tracker/>

New COVID-19 Cases and Deaths by Report Date* and New Hospital Admissions by Admit Date – 7-Day Daily Average July 1st, 2020 - January 5th, 2021



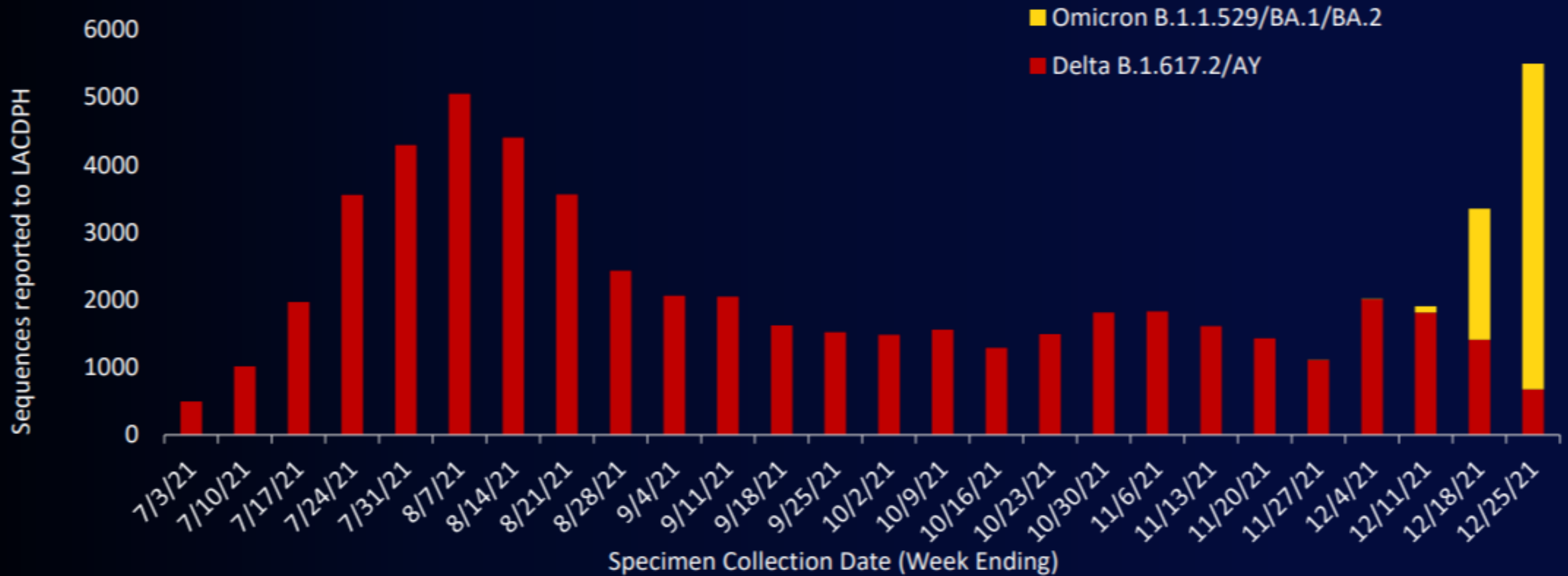
covid19.lacounty.gov

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

1/6/2022

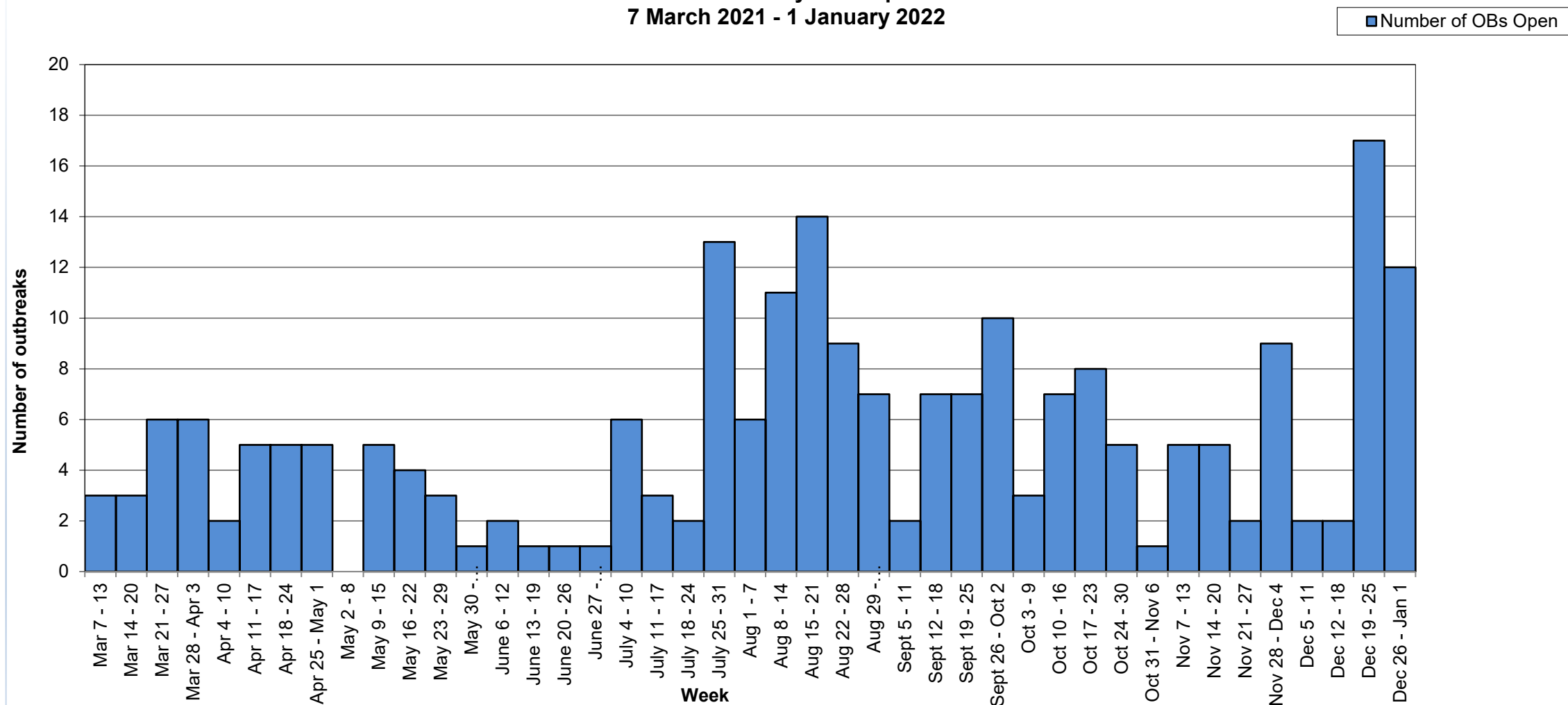
*Cases and deaths from the Cities of Pasadena and Long Beach ARE NOT included

Delta and Omicron Variants among LAC Residents Reported to Public Health



Outbreaks in SNFs in Los Angeles County Over Time

SNF Outbreaks by Date Opened:
7 March 2021 - 1 January 2022





COVID-19 Vaccine Booster Doses

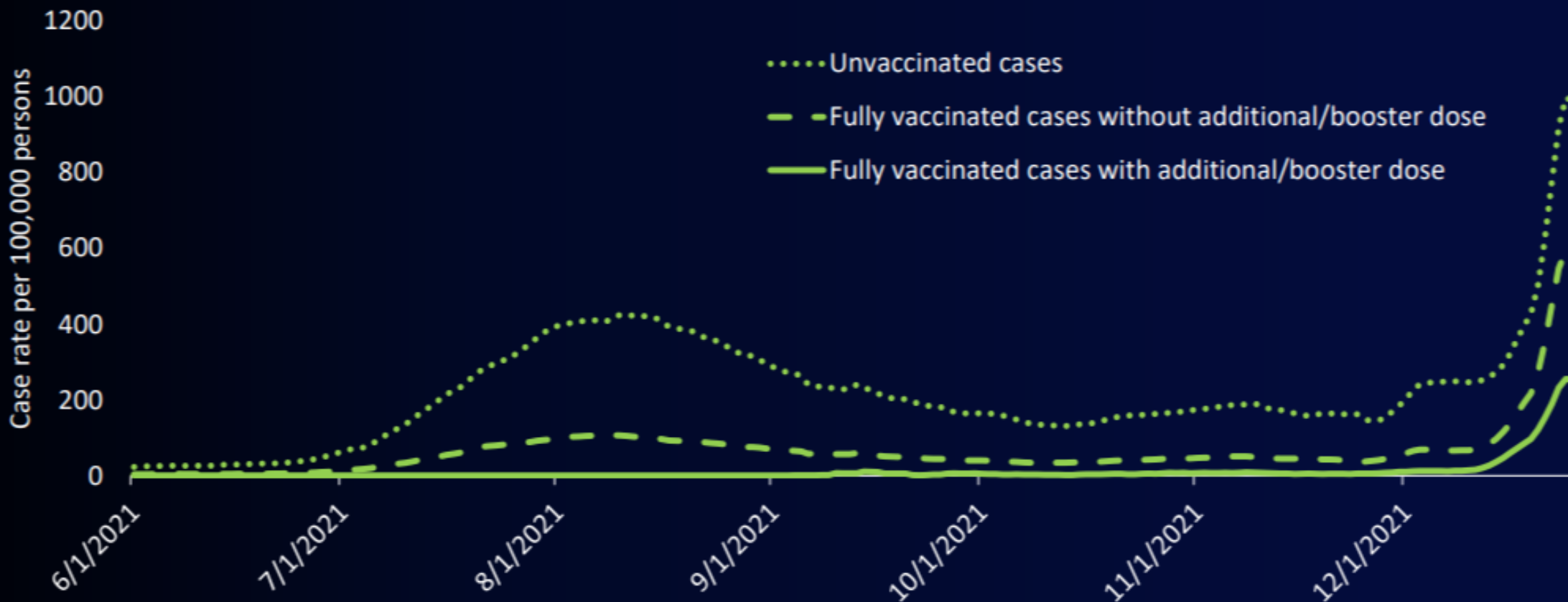




What's the evidence behind booster doses?



7-Day Cumulative Age-Adjusted Case Rates per 100,000 by Vaccination Status, including Additional/Booster Dose* June 1st – December 25th, 2021



*Excludes partially vaccinated (3% of cases)



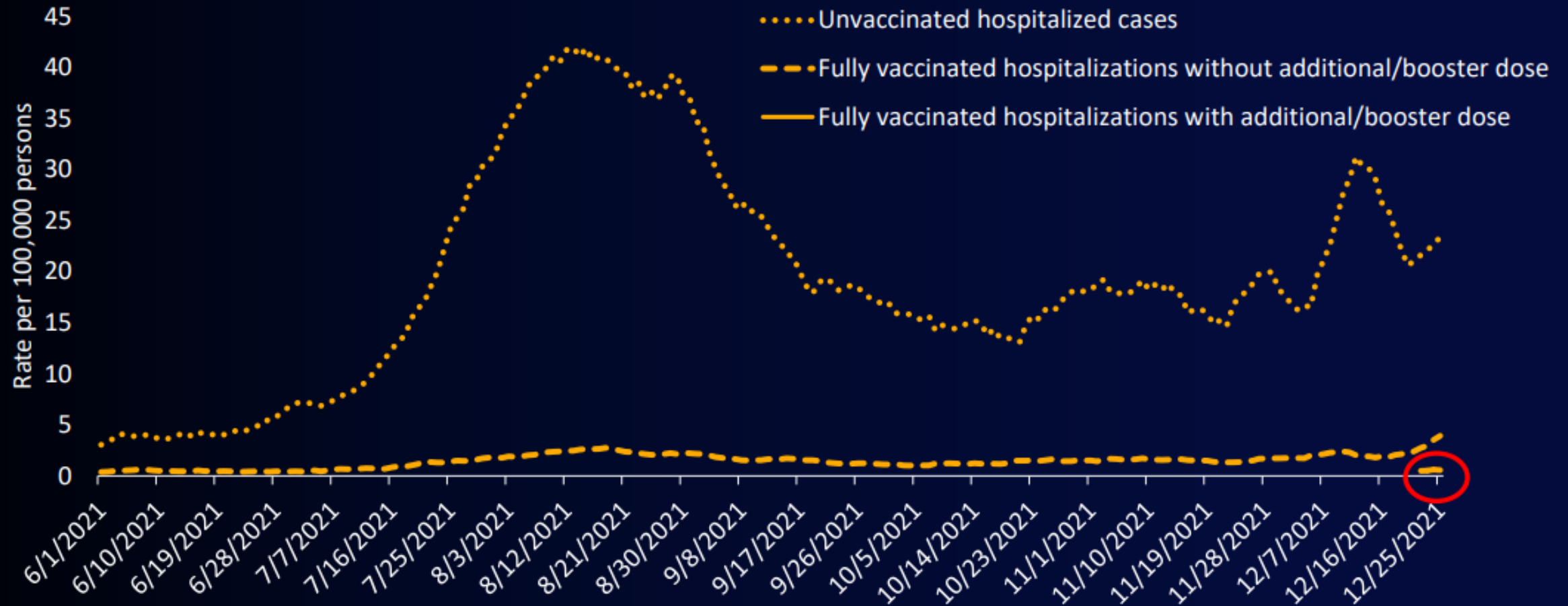
[covid19.lacounty.gov](https://www.covid19.lacounty.gov)

1/6/2022

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

7-Day Cumulative Age-Adjusted Hospitalization Rates per 100,000 by Vaccination Status*

June 1st – December 25th, 2021



*Excludes partially vaccinated (3% of cases)



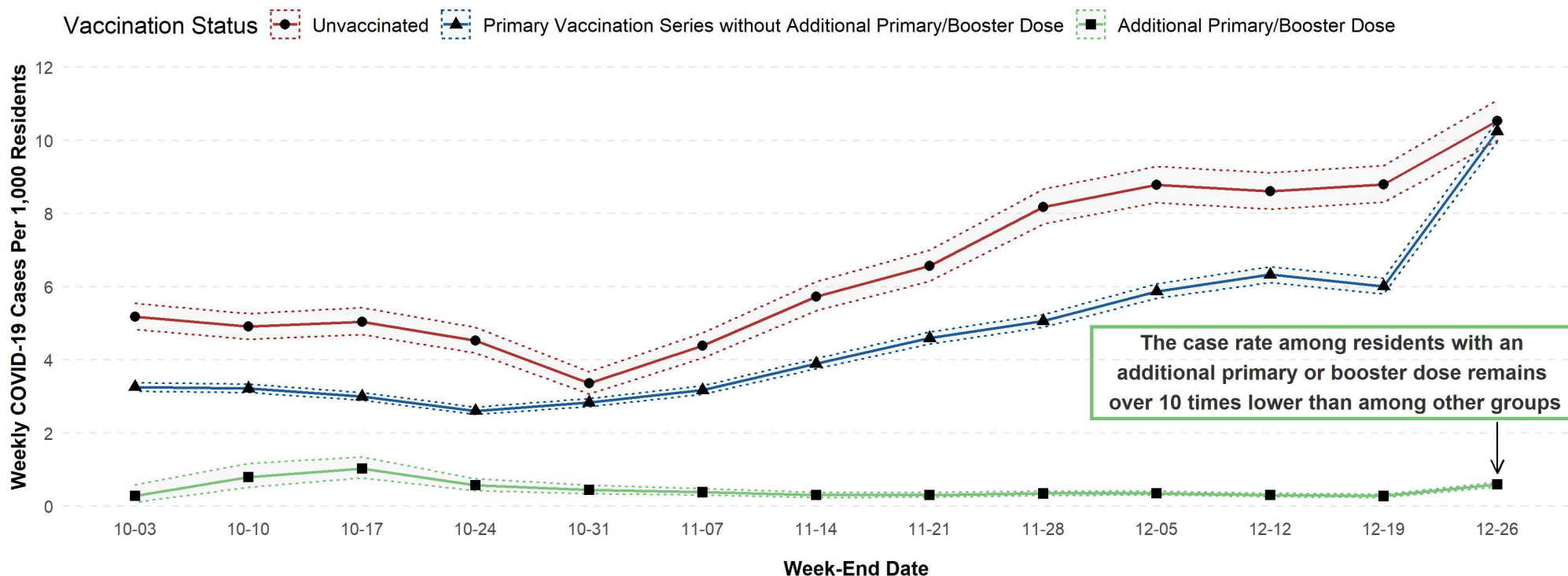
covid19.lacounty.gov

1/6/2022

<http://www.publichealth.lacounty.gov/media/Coronavirus/media-briefings.htm>

Is the booster dose making a difference in nursing homes?

Unadjusted COVID-19 Cases Per 1,000 Nursing Home Residents, by COVID-19 Vaccination Status (Including Additional Primary and Booster Doses) and Week, United States



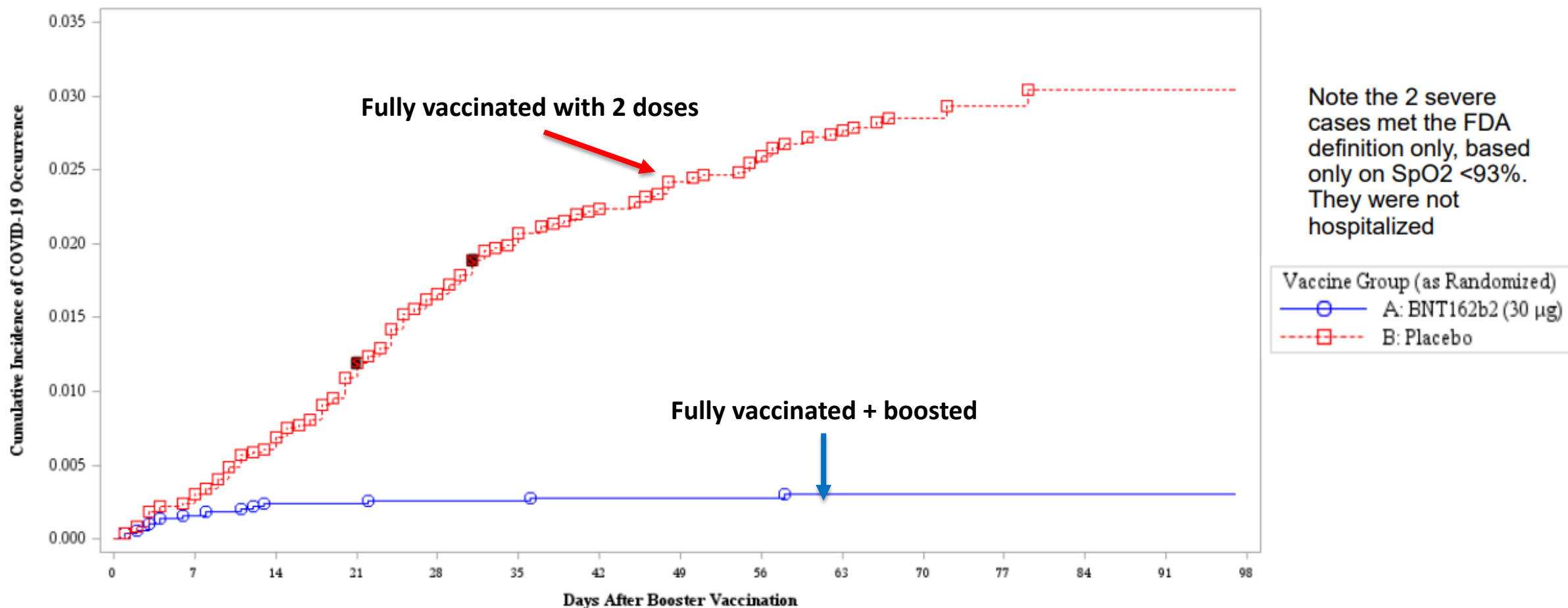
As the most common variant in the US changes from Delta to Omicron, **everyone especially SNF staff and residents need to get a booster vaccine to improve immunity to the Omicron variant.**

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network
For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
Note: Data reported in the most recent week may still be accruing.

Data as of 01/03/2022 05:30 AM

Cumulative Incidence Curve for First COVID-19 Occurrence After Booster Vaccination – All Available Efficacy Population

Curves diverge rapidly, starting even before 7 days after booster

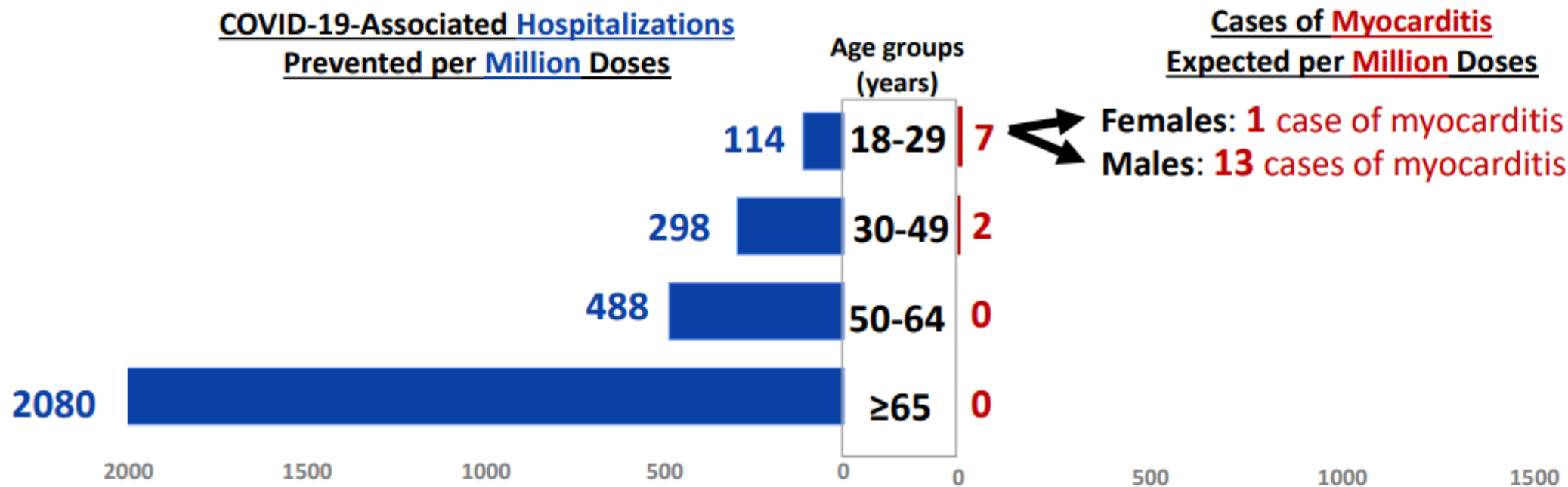


What are the “side effects” of the booster vaccine?

- **Post-vaccination symptoms** from booster doses are same as the primary vaccines:
 - Pain, redness, swelling at the injection site*
 - Fever*
 - Headache*
 - Feeling tired*
 - Chills and body aches
 - Nausea

**Most commonly reported post-vaccination symptoms*
- **Severe side effects are rare** and include allergic reactions and inflammation of the heart muscle (this occurs in 1 in 1 million doses for females and 13 in 1 million doses for males).

Benefits of booster doses greatly outweigh risks



1. Scobie et al., COVID-NET, VISION, IVY Network

COVID-NET hospitalization rates from the week of August 21, 2021; Myocarditis rates from VAERS data through August 18, 2021

Are there long-term effects from the booster vaccine?

- Side effects from a vaccine usually show up within 6 weeks of getting the vaccine.
- The dose of the booster vaccine is the same or less than the primary series, so the side effects should be similar or less in intensity and duration.
- Long-term effects have not been shown to result from COVID-19 vaccines after 1 year of use
 - **But there are known, documented long-term effects from being infected with COVID-19 for people of all ages.**





What if I've already had COVID-19 infection?

- Yes, you should still get the booster dose.
- We don't know yet how long you are protected after you have had COVID-19.
- The quickly spreading Omicron variant has shown to have high re-infection rates after a prior COVID infection, so it's even more important now to get a booster dose.
- Every time you are re-infected with COVID-19 without the protection of immunization (from primary series or the booster dose), you are at risk for severe outcomes like needing to be hospitalized, or even die.

COVID-19 Vaccine/Booster Resources for LA County SNFs

Goal: All SNFs in LA County should aim to get **100%** of booster-eligible fully vaccinated staff and residents a booster dose ASAP.



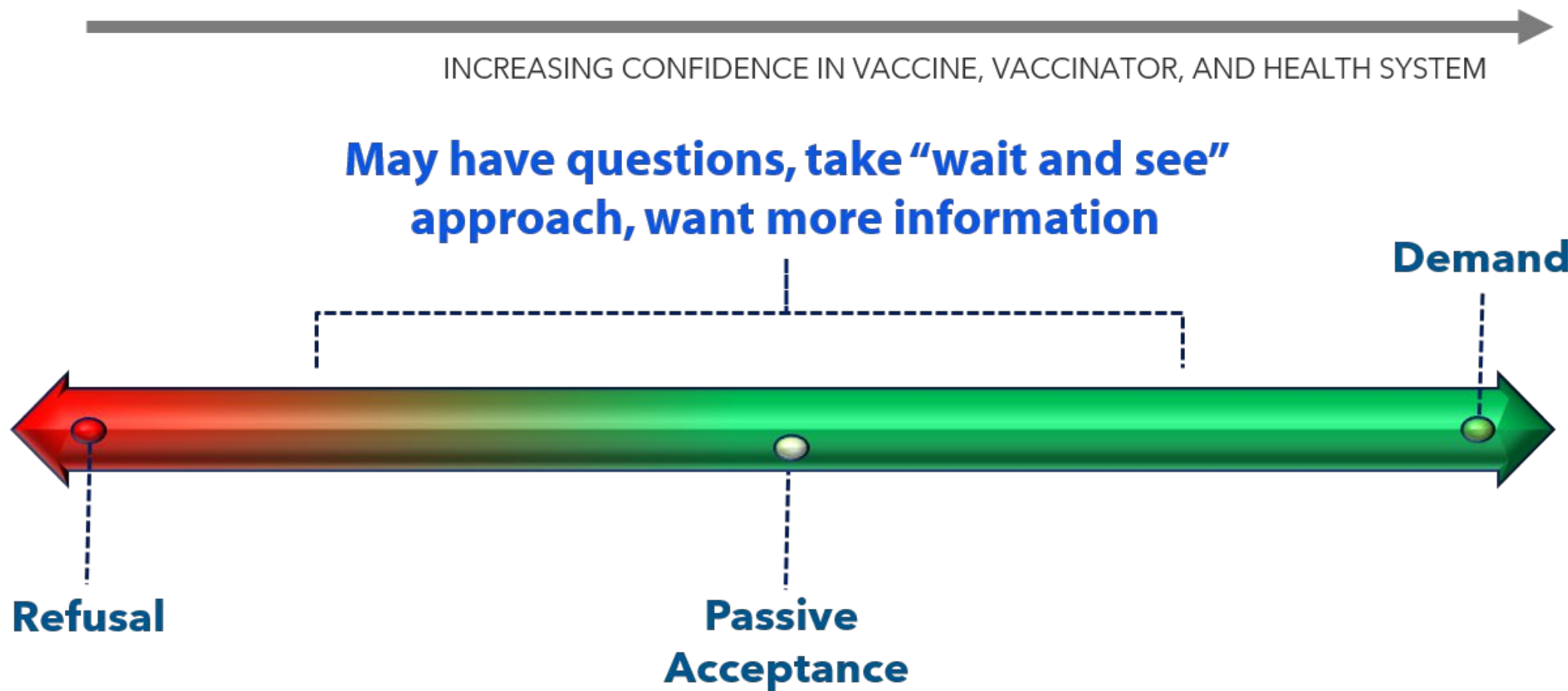
- 1) Continue to FIRST utilize your LTC pharmacy
- 2) If you have any issues with accessing vaccine from your LTC pharmacy (e.g., type is not available, delay), then either:
 - Fill out a referral form here:
<https://forms.office.com/g/TsThXceFX2>; OR
 - Contact our SNF team at Public Health:
COVID-LTC-Test@ph.lacounty.gov



Best practices for improving booster acceptance

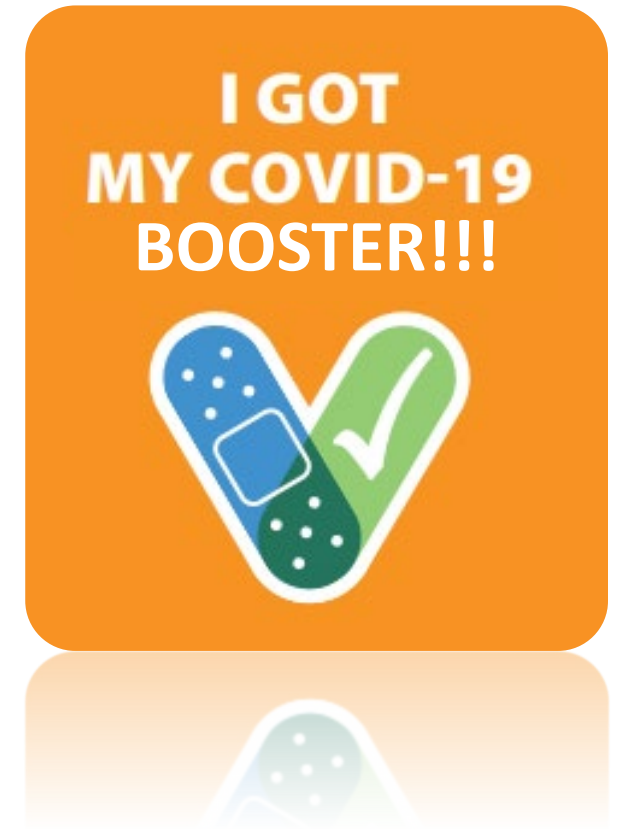


Willingness to accept a vaccine (including booster doses) falls on a continuum



Best practices for improving vaccine acceptance: Facility-wide

- **Schedule** regular sessions to inform staff & residents/families
 - Staff: townhalls/in-service, signs around the facility
 - Residents: letters
 - Translate into staff's first/preferred language(s)
- **Celebrate** vaccination, e.g., raffles
- Increase **visibility** of vaccination efforts and vaccinated persons: “Why I got boosted” board
- Promote vaccine **champions** who speak the preferred/first language(s) of staff
 - Don't forget! CNA, LVN, dietary, PT/OT, SW, activities, EVS, clerical, administration, etc.



Best practices for improving vaccine/booster acceptance: Staff

- Engage in one-on-one conversations
 - Where are they on the acceptance continuum?
 - Best if in staff's first/preferred language
 - Personable; create a safe space
 - Educate/correct mis-information only when beneficial
- **Show positive examples** of others getting boosted
- **Persistence:** keep re-offering
- **Avoid shame**
- Show compassion
 - Assurance to staff that you're looking out for them
 - Offer to extend observation time

"I walk around and ask how they are, if they got vaccinated? If they say yes, I say great. If not, I ask why...[I] give them a few days... We talk to them very gently."

"Hopefully they see we care and that the rest of us are getting [vaccinated]..."

Best practices for improving vaccine/booster acceptance: Residents

- Utilize SNF **pharmacist and medical director** as resources, ask them to speak to residents/families
- Make it a priority in **IDT, standardized part of care plan**
- Written letter (translated to first/preferred language as applicable) to resident and/or families: Samples from CDC -
 - To Resident: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/downloads/Sample-Letter-to-Residents.pdf>
 - To Residents' Loved Ones: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/downloads/Sample-Letter-to-Loved-Ones-About-COVID-19-Vaccination.pdf>
- **Persistence:** keep re-offering
- **Show compassion:** offer to extend observation time, schedule regular check-in's around time of vaccination with family for reassurance

“We stay 20 minutes or so with them after we administer to make them more comfortable [about the vaccine], so that they feel safe...Even with family members, not a challenge at all, we let them know we are monitoring for adverse reactions.”



New State & County COVID-19 Booster Requirements for Workers in Health Care Settings





TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 22, 2021

TO: All Californians

SUBJECT: Health Care Worker Vaccine Requirement

Related Materials: [Health Care Worker Vaccine Requirement Q&A](#) | [All Facilities Letter 20-53.6](#) | [All Facilities Letter 21-27](#) | [All Facilities Letter 21-28](#)

State Public Health Officer Order of December 22, 2021

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx>

HEALTH CARE WORKER VACCINATION REQUIREMENT

MANDATING EMPLOYERS OF HEALTH CARE AND HOME CARE WORKERS WHO WORK IN OR ROUTINELY VISIT HIGH-RISK OR RESIDENTIAL CARE SETTINGS TO DOCUMENT THEIR FULLY VACCINATED AND BOOSTER DOSE VACCINATION STATUS; FOR THOSE WITH APPROVED MEDICAL OR RELIGIOUS EXEMPTIONS OR BOOSTER-ELIGIBLE WORKERS WHO HAVE NOT YET RECEIVED A BOOSTER, DOCUMENT WEEKLY OR TWICE WEEKLY REGULAR TESTING FOR COVID-19

Issue Date: Thursday, December 23, 2021
Effective as of 11:59pm on Thursday, December 23, 2021
Full Compliance Required by: Tuesday, February 01, 2022

Recent Updates (Revisions are highlighted in yellow):

12/23/2021:

- Updated to mainly align with the December 22, 2021 [State Public Health Officer Order](#). This Order requires that Workers who provide service or work in High-Risk Settings, including in hospitals, skilled nursing facilities, and other health care settings and who are currently eligible for a COVID-19 booster vaccination, receive their booster dose by no later than February 1, 2022.
- Workers not yet eligible for a booster must receive a booster within 15 days of becoming eligible for receiving one.
- Beginning December 27, 2021, Workers in acute health care and long-term care settings, who are booster-eligible but have not yet received a booster dose of COVID-19 vaccine, must test at least twice each week. Booster-eligible workers in other High-Risk Settings must test at least once each week.
- Includes a strong recommendation that even Workers who have received booster immediately begin to wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while at a High-Risk Setting.

COVID-19 Booster Requirement for Workers in SNFs

- All workers in skilled nursing facilities (including subacute facilities) are required to have the following:
 - Single dose of a one-dose regimen or their second dose of a two-dose regimen by September 30, 2021; AND
 - A booster dose following Table A in the CDPH Public Health Officer Order (or Table A in the LAC DPH Health Officer Order) for all workers currently eligible for boosters by **February 1, 2022**.
 - Workers not yet eligible for boosters must be in compliance **no later than 15 days** after the recommended timeframe in Table A referenced in either orders for receiving the booster dose.

COVID-19 Booster Requirement for Workers in SNFs

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose *5 months for Pfizer	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

a. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than February 1, 2022. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose.

COVID-19 Booster Requirement for Workers in SNFs

- “Workers”: all paid and **unpaid** employees, contractors (e.g., **registry**), students, and volunteers
- Work in indoor OR other settings where
 - Care is provided to residents
 - Residents have access for **any** purpose, leading to direct or **indirect** resident contact or **exposure to SARS-CoV-2 airborne aerosols**
 - Home care or daily living assistance is provided

Physicians	Phlebotomists	Dietary
Dentists, dental assistants	Pharmacists	Environmental services
Hospice providers	IHSS providers	Laundry
Nurses	WPCS providers	Security
Nursing assistants	Privately hired caregivers	Engineering and facilities management
Medical assistants	Home care aides	Clergy
Therapists	Home health aides	Cosmetology
Technicians	Clerical	Etc.
Direct supportive services staff	Administrative	
	Billing	



COVID-19 Booster Requirement for Workers in SNFs

- Exemptions: same
- Qualified Medical Reason
- Religious Beliefs
- Verifying exemptions should be based on company/facility policy, so confer with legal counsel even if a template is used.
- Disciplinary actions are the facility's responsibility.
- Facilities should stay consistent with their written plan.

Symptomatic

Actively screen all HCP and residents for COVID-19 symptoms regularly. **Immediately test** any HCP or resident who develop symptoms.

Routine Screening

HCP

- All staff (directly employed, contractors, consultants, service providers, volunteers, etc.) must test **at least once weekly** regardless of vaccination status.
- Non-fully vaccinated staff & booster eligible staff who have not received their booster dose, including those exempt, may be required to **test twice weekly** per AFL 21-28

Residents

- All residents, regardless of vaccination status, must be **tested once weekly**.

One or more positive residents or HCP

One or more positive residents or HCP

Response

- Test all residents **every 3-7 days**, regardless of vaccination status
- Test all HCP **every 3-7 days**, regardless of vaccination status

No positive tests after **14 days** of testing



Testing requirements for workers who are not yet boosted but booster-eligible (same as non-fully vaccinated exempt workers)

- Working more than one shift per week → test at least twice per week.
- Working one shift per week or less → test within 48 hours before each shift.
- Who do not work in resident care areas and do not access any resident areas for any purpose → test once weekly.



Quarantine & Isolation for Healthcare Personnel





TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

AFL 21-08.6

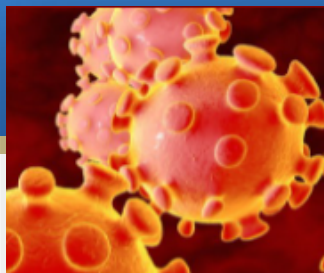
December 30, 2021

TO: General Acute Care Hospitals (GACHs)
Acute Psychiatric Hospitals (APHs)
Skilled Nursing Facilities (SNFs)

SUBJECT: Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19
(This AFL supersedes AFL 21-08.5)

All Facilities Letter (AFL) Summary

- The purpose of this AFL is to provide hospitals and SNF with updated guidance on:
 - Exposure risk assessment and work restriction for asymptomatic HCP with SARS-CoV-2 exposures (quarantine)
 - Work restrictions for HCP diagnosed with SARS-CoV-2 infection (isolation)
- This revision incorporates updated Centers for Disease Control and Prevention (CDC) guidance on [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).
- Pursuant to Welfare and Institutions Code section 14126.033 a SNF's receipt of the annual increase in the weighted average Medi-Cal reimbursement rate may be conditioned on the facility's good faith compliance with CDPH AFLs related to the COVID-19 Public Health Emergency, as a result the recommendations included in this AFL are requirements for SNFs.



Coronavirus Disease 2019

Infection Prevention Guidance for Healthcare Personnel

This webpage is specifically intended for the medical community.
Click [here](#) to visit DPH's COVID-19 webpage for the general public.

On this Page

Updated 1-3-22

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- [Recommendations](#)
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 - [Source Control](#)
 - [Symptom Monitoring](#)
- [Exposed Asymptomatic HCP — Quarantine and Return to Work](#)
- [Testing Recommendations](#)
- [Return to Work for Symptomatic HCP](#)
- [SARS-CoV-2 Infected HCP — Return to Work \(Isolation\)](#)
- [Related CDC Guidance](#)
- [Contact Us](#)

Quick Links

- [Table 1. California Immunization Requirements for Covered Workers](#)
- [Table 2. Work Restrictions for Asymptomatic HCP with Exposures \(Quarantine\)](#)
- [Table 3. Work Restrictions for HCP with SARS-CoV-2 Infection \(Isolation\)](#)

Table 2. Work Restrictions for Asymptomatic* HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted OR Vaccinated but not yet booster-eligible	No work restriction with negative diagnostic test [†] upon identification and at 5-7 days	No work restriction with diagnostic test [†] upon identification and at 5-7 days
Unvaccinated[§], OR Those that are vaccinated and booster-eligible but have not yet received their booster dose[§]	7 days with diagnostic test [†] upon identification and negative diagnostic test [†] within 48 hours prior to return	No work restriction with diagnostic test [†] upon identification and at 5-7 days

Contact Public Health and Licensing/Certification (HFID) when using critical staffing shortage protocol

[†]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 48h of return.

[§]Includes persons with prior infection.

Definitions of High-Risk Exposure

High-risk occupational exposure

In the healthcare setting, the following exposures to a confirmed infectious COVID-19 case* are considered high-risk:

1. HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask).
2. HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask.
3. HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.

Community Exposure

All close contact community exposures are considered high-risk exposures. A **close contact** is any of the following persons who were exposed to a laboratory-confirmed COVID-19 case while they were infectious:

- Persons who were within six (6) feet of the case for a total of 15 minutes or more over a 24-hour period** or
- Persons who had unprotected contact with the case's body fluids and/or secretions, for example, being coughed or sneezed on or sharing of a drink or food utensils.

**This is regardless of use of face masks of the case or contact.

12/31/2021

Personal Protective Equipment



Green Cohort (Non-COVID Area)

Medical-grade masks OR N95 respirators* should be worn for duration of shift

**Consider N95 during high community transmission. Highly encouraged for non-fully vaccinated and/or un-boosted staff.*

Use eye protection when providing care/within 6 feet of resident.

Not required for COVID-19 precautions.

Yellow Cohort (Mixed)^

N95 respirators should be worn during all resident encounters/within 6 feet of resident and changed when contaminated. Do not re-use.

Use eye protection when providing care/within 6 feet of resident.

Don/doff gowns for each resident encounter. No re-use or extended use.

Red Cohort (Isolation)^

Use eye protection when providing care/within 6 feet of resident.

Don/doff gowns for each resident encounter. No re-use or extended use.

[^]Please see <http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm> for posters to use in your facility.

Table 3. Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted OR Vaccinated but not yet booster-eligible	5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test‡ result to prioritize staff placement‡
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test‡ result to prioritize staff placement‡

Contact Public Health and Licensing/Certification (HFID) when using critical staffing shortage protocol

*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.

† 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 48h of return.

‡ If most recent test is positive, then HCP may provide direct care only for patients/residents with confirmed SARS-CoV-2 infection, preferably in a cohort setting.



FAQ: How can staff test on day 5 or day 7 if there's an exemption to test within 90 days of prior infection?

- New guidelines for HCP to end isolation early is a **test-based criteria**, not a time-based criteria (10 days without a test).
- Different from routine screening or response testing for which they continue to be exempt when <90 days of prior infection.

FAQ: What about quarantine & isolation durations for residents? Have they changed?

- Not yet.
- Isolation (for confirmed infections): 10 days or 20 days for immunocompromised
- Quarantine (for symptomatic, close contacts/exposed, etc.): usually 14 days*

* See [Table 3 “Quarantine Guidance for the Yellow Cohort”](#) in LAC DPH’s Guidelines for Preventing & Managing COVID-19 in SNFs

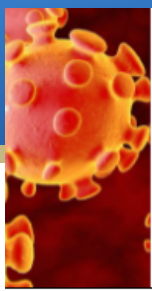
Staffing Shortage

- Is your facility already using “routine” protocol under the NEW HCP quarantine & isolation guidelines?
- If considering or already using “critical staffing shortage” protocol under the new HCP quarantine & isolation guidelines, please **immediately** contact
 - 1) Public Health (LTC_NCoV19@ph.lacounty.gov) OR assigned outbreak investigator/public health nurse if your facility has an open COVID outbreak; AND
 - 2) Your facility’s Licensing & Certification (HFID) point-of-contact
- Also, refer to AFL 20-46.2 “Requests for Urgent Staffing Resources for COVID-19”:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-46.aspx>
 - Contact Public Health: LTC_NCoV19@ph.lacounty.gov
 - Contact MHOAC (Medical Health Operational Area Coordination):
laemsadutyofficer@dhs.lacounty.gov



Resident Cohorting Updates





Coronavirus Disease 2019

Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities

This webpage is specifically intended for the medical community.
Click [here](#) to visit DPH's COVID-19 webpage for the general public.

Healthcare facilities should follow the recently released California Department of Public Health AFL 21-08.6: [Guidance on Quarantine for Health Care Personnel \(HCP\) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19](#) (12-30-21). This webpage will be updated to align with the recommendations from CDPH AFL 21-08.6.

Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities

Updated 1-2-22

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- [Infection Prevention and Control Guidance](#)
- [Healthcare Personnel Monitoring and Return to Work](#)
- [Inter-facility Transfers](#)
- [Resources](#)

Recently updated,
please review carefully

Green Cohort

- Recovered COVID
- Completed quarantine
- Asymptomatic
- Frequent outside visits (dialysis) and fully vaccinated
- Leaves facility <24 hrs

Yellow Cohort

Regardless of vaccination status:

- Exposure to COVID
- Symptomatic (**single room**)
- Indeterminate test result (**single room**)
- Admissions, re-admissions
- Severely immunocompromised
- Leaves facility >24 hrs

Not fully vaccinated:

- Frequent outside visits (dialysis)

Red Cohort (Isolation)

(+) COVID test regardless of vaccination status

COVID Exposure

COVID Symptoms

COVID (+) Test

Please see *Table 3. "Quarantine Guidance for the Yellow Cohort"*

10 days after (+) or symptom onset; 20 days if severely immunocompromised*

*For both symptomatic and asymptomatic residents

12/16/2021

Table 3. Quarantine Guidance for the Yellow Cohort

Indication to quarantine in Yellow Cohort	Room Placement	Duration of Quarantine	Testing
<i>Regardless of vaccination status:</i>			
<p>New admission/re-admission OR Left the facility >24 hrs (unless recovered from a prior COVID-19 infection within the last 90 days)</p>	<p><u>New admission/re-admission:</u> Do not mix this group w/ any other resident groups in the Yellow Cohort (e.g., do not room with exposed/close contacts, or symptomatic residents). <u>Left facility >24 hours:</u> Place with other new admissions/re-admissions (preferable). Otherwise, quarantine in place, avoid movement of residents that could lead to new exposures.</p>	<p><u>Fully vaccinated:</u> PCR test collected <u>on day 5-7 should result negative</u> before moving to Green Cohort.</p> <p><u>Not fully vaccinated:</u> 14 days from date of admission. PCR test collected on day 14 should result negative before moving to Green Cohort.</p>	<p><u>Fully vaccinated:</u> PCR testing on day 5-7 from date of admission.</p> <p><u>Not fully vaccinated:</u> PCR testing immediately on admission (<72 hrs) AND on day 14 after admission</p>



Communal Dining, Group Activities, Visitation Updates



Suspension of all indoor communal dining and group activities for now

- Communal dining and group activities are only permitted outdoors at this time for residents in the Green Cohort and certain Yellow Cohort residents.
- Applies to all residents regardless of vaccination or booster status, COVID-19 status, or the facility's outbreak status.

Table 1. Communal dining & group activities

Location	Green Cohort	Yellow Cohort*	Red Cohort
Indoor	No regardless of resident's vaccination/booster status or facility's outbreak status	No regardless of resident's vaccination/booster status or facility's outbreak status	No regardless of resident's vaccination/booster status or facility's outbreak status
Outdoor	Yes regardless of resident's vaccination/booster status or facility's outbreak status	No regardless of resident's vaccination/booster status or facility's outbreak status	No regardless of resident's vaccination/booster status or facility's outbreak status

* *If there is no outbreak in the facility*, the following residents of the Yellow Cohort may follow the Green Cohort for communal dining and group activities (as long as they are asymptomatic and are not close contacts/considered exposed to a case):

- Residents who are not fully vaccinated who have frequent appointments outside the facility (e.g., dialysis)
- Residents with severely immunocompromising conditions who are new admitted/readmitted, frequently leave the facility for medical appointments (e.g., chemotherapy, radiation therapy), or leave the facility for 24 hours or longer for medical or non-medical reasons.

Rev 12/31/21



Suspension of all indoor communal dining and group activities for now

- NOTE: Does not apply to residents engaging in one-on-one treatment, e.g., rehabilitation therapy (PT/OT), that is not conducted in a group setting.
 - PT/OT should occur in-room for Red Cohort residents and is preferable for Yellow Cohort residents.
 - Regardless of setting of rehabilitation therapy, in-room or in a common area (rehabilitation room/gym), all [Infection Prevention and Control Guidance](#) must be followed including universal source control, physical distancing, hand hygiene, donning and doffing of PPE appropriate for the resident's cohort status, enhanced environmental disinfection, etc.



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 31, 2021

TO: All Californians

SUBJECT: Requirements for Visitors in Acute Health Care and Long-Term Care Settings



This guidance is effective January 7, 2022, and will supersede all prior [Requirements for Visitors in Acute Health Care and Long-Term Care Settings State Public Health Officer Order](#).

Related Materials: [Requirements for Visitors to Healthcare Settings Flyer](#) | [Requirements for Visitors in Acute Health Care and Long-Term Care Settings Q&A](#) | [All Facilities Letter 20-22](#) | [All Facilities Letter 21-14](#) | [All Facilities Letter 21-31](#)

State Public Health Officer Order

Amending the Order of August 26, 2021



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19
Prevention of COVID-19 Transmission in Skilled Nursing Facilities

Revised Order Issued: **January 5, 2022**
Effective as of 12:01am on **Friday, January 07, 2022**

This Order supersedes the **December 3, 2021** Prevention of COVID-19 Transmission in Licensed Congregate Health Facilities Order, as it relates to Skilled Nursing Facilities.

This Order is in effect until rescinded by the Health Officer.

Recent Updates (Changes highlighted in yellow):

1/5/2022:

Due to rapidly increasing cases and hospitalizations that are impacting skilled nursing facilities, Public Health is enacting further measures to protect the residents and staff in this setting following the California Department of Public Health State Public Health Officer Order issued on 12/31/2021 on "Requirements for Visitors in Acute Health Care and Long-Term Care Settings." Skilled nursing facilities are now required to verify a negative SARS-CoV-2 test within 48 hours for a PCR test or within 24 hours for an antigen test for indoor and outdoor visits for all visitors regardless of their vaccination and booster status. Additionally, for indoor visits, visitors must show proof of their fully vaccinated status and, if booster-eligible, receipt of a booster dose.



General Visitor Testing Requirements for All Visitation

Who	All general visitors ≥ 2 yo, regardless of vaccination/booster status
All visits (indoor & outdoor)	<ul style="list-style-type: none">• A negative PCR test result taken ≤ 48 hours prior to visit; OR• A negative FDA-approved point-of-care antigen test result taken ≤ 24 hours prior to visit.
Additional requirement for indoor visits	All visitors ≥ 5 yo must provide proof of all recommended COVID-19 vaccination doses including the primary series and , if booster-eligible, a booster dose.
Alternatives	<ul style="list-style-type: none">• Visitors who visit for multiple consecutive days are required to show proof of a negative test at least every 3rd day (e.g., test on day 1, day 4, day 7, etc.)• Visitors who have not undergone COVID-19 viral testing prior to the visit should not be refused visitation and should be provided an FDA-approved antigen test at the facility, if possible, on the day of the visit prior to beginning the visit.
Exceptions	<ul style="list-style-type: none">• Visitors who show documentation of recovery from COVID-19 < 90 days are exempt.• Essential visitors (as defined in CDPH AFL 20-22) are exempt and cannot be restricted access to any zone within the facility.*• Emergency medical services personnel are exempt, regardless of the urgency of the situation. <p><i>*NOTE: compassionate care visitors are not exclusive to end-of-life situations and include support persons, e.g., caregiver, for residents experiencing weight loss, dehydration, failure to thrive, psychological distress, functional decline, or struggling with a change in environment.</i></p>



COVID-19 Testing of Staff and Residents



Laboratory-based PCR should be the primary testing strategy for residents and staff, not antigen

General Requirements

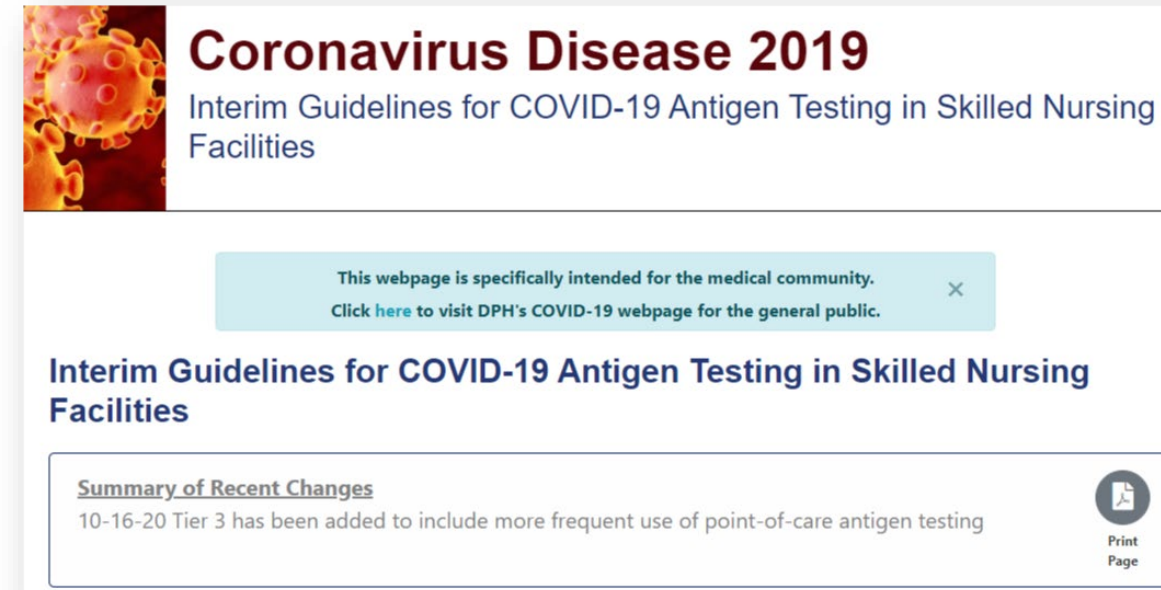
1. Establish a relationship with a commercial lab to do PCR testing with a turn-around time (TAT) of 48 hours or less for COVID-19. Refer to [LAC DPH's Laboratory Information](#) to find a lab providing COVID-19 PCR testing. If the 48-hour TAT cannot be met, then the facility should document its efforts to obtain faster turnaround testing results including communication with the local and state health departments.
2. COVID-19 Antigen point of care testing may be used to complement PCR testing per [LA County Antigen Testing Guidance](#).

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#testing>

For a list of laboratories providing COVID-19 testing services, check out LAC DPH's Reference Guide (includes TAT and contact information): <http://publichealth.lacounty.gov/acd/docs/COVIDLabReferenceGuide.pdf>

COVID-19 point-of-care antigen should supplement PCR testing only when timely PCR testing is not available

- Testing for COVID-19 by using PCR is strongly preferred for residents and staff.
- When timely PCR testing is not available, refer to LAC DPH’s “Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities” (<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/antigen/>) for guidance on how to utilize antigen testing.
- Many situations still require confirmation with laboratory-based PCR test.



Coronavirus Disease 2019

Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

This webpage is specifically intended for the medical community. Click [here](#) to visit DPH's COVID-19 webpage for the general public.

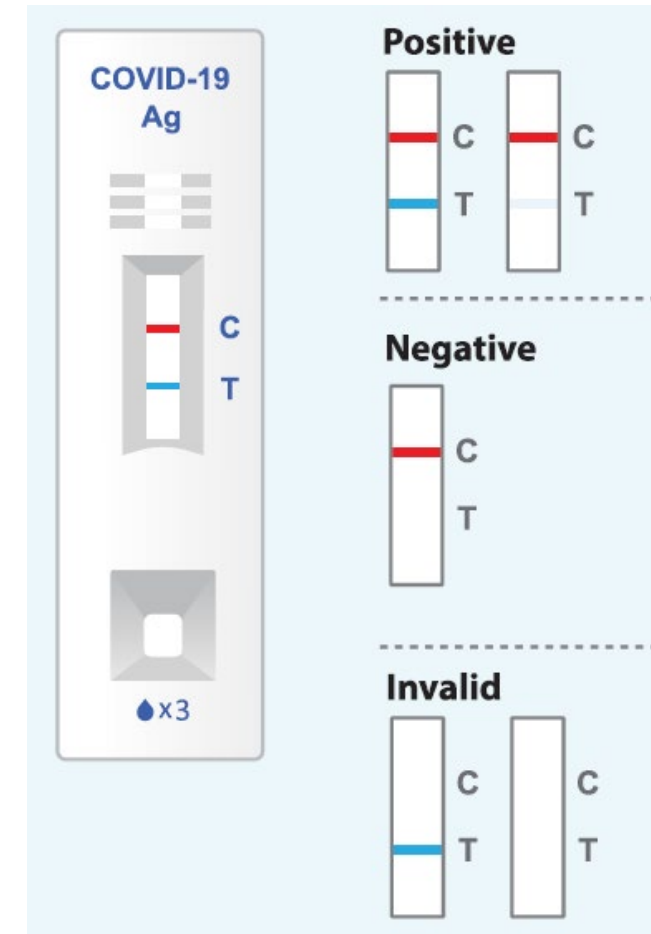
Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

Summary of Recent Changes
10-16-20 Tier 3 has been added to include more frequent use of point-of-care antigen testing

Print Page

When should we use POC antigen tests?

- For visitors when they do not have proof of a negative COVID-19 viral test
- For testing-based strategy to end isolation early for staff/HCP with confirmed COVID-19 infection
- For staff/HCP who are in quarantine after a high-risk exposure when the staff/HCP is <90 days within prior infection





Additional supply of point-of-care antigen test kits

- Third shipment of CLIA-waived point-of-care antigen test kits are arriving starting this weekend, most will arrive next week.
 - Allocation based on facility's bed capacity size.
- Facilities conducting CLIA-waived point-of-care testing are required to report all positive test results to LA County and NHSN/CDPH. Reporting of non-positive results is not required but recommended.
 - Including visitors if the facility conducted the test
 - <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#poct>



Key Takeaways



Key takeaways

- **Vaccinations and now boosters continue to be our most effective tool against COVID-19.**
- Working to improve booster acceptance among both staff and residents are important despite the HCW booster requirement.
- Staff who are booster-eligible but not yet boosted must test 2x weekly. Facilities must be in full compliance starting today 1/7/22.
- New quarantine & isolation guidance for HCP.
- N95 respirators are now recommended for staff in the Green Zone during this period of high community transmission.
- All indoor communal dining and group activities are temporarily suspended for residents of all cohorts regardless of booster/vaccination status.
- Updated visitor requirements including testing for outdoor visits and verifying proof of vaccination AND booster for indoor visits. Effective today 1/7/22.
 - EMS and essential visitors are exempt from visitor testing requirements
- Laboratory-based PCR should always be the primary testing strategy for residents and staff.
- Outbreak criteria for SNFs in LA County has changed to at least 1 case in a resident at the facility for at least 7 days





Resources





COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- Contact to update your facility's point of contact (e.g., to receive email updates): LACSNF@ph.lacounty.gov
- Contact for COVID-19 guidance questions in SNFs: LTC_NCoV19@ph.lacounty.gov
- Contact for COVID-19 Vaccination resource questions: COVID-LTC-Test@ph.lacounty.gov

- LAC DPH COVID-19 SNF Past Webinar Slides & Recordings: <http://publichealth.lacounty.gov/acd/SNF.htm>

COVID-19 Resources for Skilled Nursing Facilities in Los Angeles County

- **Los Angeles County Public Health**

- Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>
- COVID-19 Infection Prevention Guidance for Healthcare Personnel: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/>
- Interfacility Transfer Rules: <http://publichealth.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>

- **CDPH:**

- CDPH All Guidance Documents by Topic (including State Public Health Officer Orders): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>
- 2021 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx>
- 2020 AFLs: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx>

- **CDC, NIH:**

- Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- NIH Anti-SARS-CoV-2 Monoclonal Antibodies: <https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/>



Questions and Answers

