

**HEALTH OFFICER ORDER NO. 2020-11.4
COUNTY OF SANTA BARBARA**

**HOSPITALS & LICENSED RESIDENTIAL FACILITY VISITOR RESTRICTIONS
FOR THE CONTROL OF COVID-19**

**Health Officer Order No. 2020-11.4
Supersedes and Replaces Health Officer Order No. 2020-11.3**

Effective September 25, 2020 5:00 PM PDT

Please read this Order carefully. Violation of or failure to comply with this Order may constitute a misdemeanor punishable by fine of up to \$1,000, imprisonment, or both. (Health and Safety Code §§ 101029, 120295 et seq.) Violators are also subject to civil enforcement actions including fines or civil penalties per violation per day, injunctive relief, and attorneys' fees and costs.

Nothing in this Health Officer Order supersedes State Executive Orders, State Public Health Officer Orders, or California Department of Public Health (CDPH) guidance. COVID-19 guidance provided by the CDPH is available at: <https://www.cdph.ca.gov/>.

WHEREAS, on March 4, 2020, Governor Newsom declared a state of emergency for conditions caused by a novel coronavirus, COVID-19, and on March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, and on March 12, 2020, the County of Santa Barbara declared a local emergency and a local health emergency in relation COVID-19 in the community; and

WHEREAS, there has been significant community-based transmission in California; and

WHEREAS, in the County of Santa Barbara as well as throughout California and the nation, there are insufficient quantities of critical healthcare infrastructure, including hospital beds, ventilators and workers, capable of adequately treating mass numbers of patients at a single time – should the virus spread unchecked; and

WHEREAS, in direct response to the lack of healthcare infrastructure, governments across the nation are taking actions to slow the spread of COVID-19 in order to “flatten the curve” of infection and reduce the numbers of individuals infected at any one time by minimizing situations where the virus can spread; and

WHEREAS, in furtherance of this effort, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 requiring all persons residing in the State to remain in their homes or places of residence, except as needed to maintain the continuity of operations for critical infrastructure (the “State Stay-at-Home Order”); and

WHEREAS, also on March 19, 2020, the State Public Health Officer ordered all individuals living in the State of California to stay home or at their place of residence, except as needed to maintain continuity of operations for the federal critical infrastructure sectors, which was updated on March 28, 2020; and

WHEREAS, The California Department of Public Health (CDPH) has found due to the community spread of COVID-19, considerations must be made for the safety of health facility staff and patients, resulting in many health care facilities suspending visitation, except when medically necessary or essential to the care of the patient. The CDPH has recognized the importance that visitors play in the mental well-being of patients, including pediatric patients, patients in labor and delivery, and patients at end-of-life. CDPH has also recognized the importance of ensuring people with disabilities receive the support they need while hospitalized. CDPH considers visitors an essential part of patient care and recovery.

WHEREAS, the County Health Officer finds (1) that COVID-19 places residents at Residential Facilities and individuals in Hospitals at high risk, especially given that visitors to such facilities may have the virus but may not have symptoms or may have mild symptoms. Such visitors can easily pass the virus on to vulnerable residents. Because of this risk, and the need to protect these most vulnerable members of the community, this Order restricts Visitors and Non-Essential Personnel from those facilities; and, (2) distinctions made in this Order are to minimize the spread of COVID-19 that could occur through proximity and duration of contact between individuals; and

WHEREAS, the intent of this Order is to restrict Visitors and Non-Essential Personnel from Hospitals and Residential Facilities listed in Section 19 and to slow the spread of COVID-19 to the maximum extent possible. All provisions of this Order should be interpreted to effectuate this intent.

ACCORDINGLY, UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, TITLE 17 CALIFORNIA CODE OF REGULATIONS SECTION 2501, THE HEALTH OFFICER OF THE COUNTY OF SANTA BARBARA ORDERS:

1. This Order is effective 5:00 p.m. (PDT) September 25, 2020 and continuing until 5:00 p.m. (PDT), on October 24, 2020 or until it is extended, rescinded, superseded, or amended in writing by the County of Santa Barbara Health Officer ("Health Officer"). This Order applies in the incorporated and unincorporated areas of Santa Barbara County ("County").
2. Definitions for capitalized terms in this Order are in Section 18 below.
3. Staff of each Hospital and Residential Facility shall exclude from entry or access to its Premises any Visitors and Non-Essential Personnel, unless an exception applies as described below. Such Visitors and Non-Essential Personnel, are ordered not to visit any Hospital or Residential Facility except as permitted by this Order.

4. Each Hospital or Residential Facility must discourage Non-Essential Resident Movement, as defined in Section 18 below, onto and off of Hospital or Residential Facility Premises where feasible.
5. **Necessary Visitation for Hospitals.** Each Hospital may authorize necessary visitation on a case-by-case basis. For Hospitals, necessary visitation means a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later. If the needs and context of a particular request for necessary visitation justifies a temporary exception to this Order, the Hospital administrator may arrange for necessary visitation of a Hospital resident. Whether the needs and context justify a temporary exception is left to the determination of the Hospital administrator, who must make the decision based on this Order and the COVID-19 guidance issued by federal, state, or the County of Santa Barbara (referred to as "COVID-19 guidance"). Also, any necessary visitation permitted must be done subject to requirements of the COVID-19 guidance and as otherwise deemed appropriate by the Hospital. Nothing in this Order obligates a Hospital to allow necessary visitation or prohibits a Hospital from adopting stricter guidance or requirements.
6. **Necessary Visitation for Residential Facilities.** Each Residential Facility may authorize necessary visitation on a case-by-case basis. For Residential Facilities, necessary visitation means a visit or contact that is based on urgent health or other issues that cannot wait until later. Residential Facilities must allow necessary legal visitation as described in CDPH AFL 20-22.4 attached hereto as Attachment A and incorporated by this reference. If the needs and context of a particular request for necessary visitation justifies a temporary exception to this Order, the Residential Facility administrator may arrange for necessary visitation of a Residential Facility resident. Whether the needs and context justify a temporary exception is left to the determination of the Residential Facility administrator, who must make the decision based on this Order and the COVID-19 guidance issued by federal, state, or the County of Santa Barbara (referred to as "COVID-19 guidance"). Also, any necessary visitation permitted under this section must be done subject to requirements of the COVID-19 guidance and as otherwise deemed appropriate by the Residential Facility. Nothing in this Order obligates the Residential Facility to allow necessary visitation or prohibits the Residential Facility from adopting stricter guidance or requirements.

Visitors for Legal Matters at Residential Facilities. Visitors shall be permitted for legal matters that cannot be postponed, including but not limited to estate planning, advance health care directives, Power of Attorney, and transfer of property title. Any visitor entering the Residential Facility for these purposes shall be screened for fever and COVID-19 symptoms, shall wear a face covering while in the facility, and shall wear appropriate Personal Protective Equipment (PPE).

7. **First Responders.** This Order does not restrict First Responder access to Hospitals or Residential Facility Premises during an emergency. Further, this Order does not

restrict state or federal officers, investigators, medical, or law enforcement personnel from carrying out their lawful duties on Hospital or Residential Facility Premises. Persons other than first responders permitted access under this paragraph must comply with all conditions of visitation imposed by the Hospital or Residential Facility at the time of entry or access to the Hospital or Residential Facility Premises when feasible. All individuals entering the Hospital or Residential Facility premises under this exception must meet the Centers for Disease Control and Prevention (CDC) guidelines for healthcare workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

8. **Requirements for medically necessary trips away from the Residential Facility:** Residents shall wear a cloth Face Covering or a surgical facemask during medically necessary trips away from a Residential Facility. The Residential Facility shall share the resident's COVID-19 status with the transportation service and the entity with whom the resident has the appointment.
9. **Requirement to Schedule Outdoor Visits at Residential Facilities.** Residential Facilities that do not meet the conditions for indoor visitation, including those that are experiencing an Outbreak, shall provide outdoor and other visitation options, including but not limited to:
 - a. Scheduled outdoor visits on the facility premises when a six (6) foot or more physical distance can be maintained between the resident and visitor, and both wear a face covering and avoid physical contact. These visits shall be monitored by staff to ensure physical distancing is practiced with no physical contact, and may include visitation in large outdoor communal spaces, drive-by visits, visits through a person's window or patio door;
 - b. Offering alternative means of communication, such as virtual communication (telephone, video-communication, etc.);
 - c. Creating / increasing listserv communication to update families, such as advising not to visit;
 - d. Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date; and
 - e. Offering a phone line with a voice recording updated at set times (ie; daily) with the Residential Facility's general operating status, such as when it is safe to resume visits.
10. **No Visitation Allowed During an Outbreak.** Any Residential Facility covered under this Order that is experiencing an Outbreak, shall not allow indoor visitation until they have an absence of any COVID-19 cases in the facility for 14 consecutive days for either residents or staff.

11. This Order restricts physical contact between Hospital or Residential Facility residents and Visitors and Non-Essential Personnel, unless an exception applies. When Visitors and Non-Essential Personnel seek to visit or contact a resident, the Hospital or Residential Facility must make reasonable efforts to facilitate such contact by other means (such as telephone or videoconference) that do not expose the resident to in-person contact.
12. **Exceptions to Non-Essential Personnel and Visitors for both Hospitals and Residential Facilities: Visitors for Patients Near End of Life.** The Hospital or Residential Facility administrator may make the determination for the number of visitors, based on the needs and context of a particular request and guided by their infection prevention and control program. These visitors shall be screened for COVID-19 symptoms; shall wear a surgical facemask while in the building; shall restrict their visit to the resident's room or other location designated by the facility; and should be reminded by the facility to frequently perform hand hygiene.
13. **Exceptions to Non-Essential Personnel and Visitors for Hospitals: Hospitals May Allow Two Visitors.** Hospitals may allow two Unique Designated Visitors per patient per day for the length of the patient's stay. One or both UDV may be present during each day. The UDV must be screened for temperature and symptoms before entering the Hospital. The UDV may not be a COVID positive case or a confirmed contact of a COVID positive case. UDVs may visit COVID positive patients upon express exceptions made by Hospital. The UDV must wear a surgical face mask at all times while inside the Hospital. If sufficient surgical face masks are not available, the UDV may wear a clean Face Covering at all times while inside the Hospital. The UDV is restricted from all public areas. The UDV must stay in the patient room at all times, except upon entering and leaving the Hospital. The UDV's purchase and/or consumption of food and beverages or use of the cafeteria will be determined by the Hospital, based on their infection prevention and control program. One UDV may be allowed to stay overnight for pediatric and obstetrics patients.
14. **Exceptions to Non-Essential Personnel and Visitors for Residential Facilities are:**
 - a. **Nursing students.** Students obtaining their clinical experience as part of an approved nursing program, whether for nurse assistant, vocational nurse, or registered nurse training program are considered medical and essential personnel for purposes of this Order should be permitted to come into a Residential Facility if they meet the CDC guidelines for healthcare workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
 - b. **The Ombudsperson** is an authorized visitor. Facilities must permit Ombudspersons in the facility. Any Ombudsperson entering the facility is subject to screening for fever and COVID-19 symptoms and must wear appropriate Personal Protective Equipment.

- c. **Resident Movement at Residential Facilities.** Residential Facility administrators may, but are not obligated to, allow Non-Essential Resident Movement.
15. **Exceptions to Non-Essential Personnel and Visitors for Residential Facilities Excluding Long-Term Care Facilities Licensed by CDPH.** Two Unique Designated Visitors may be allowed per resident for indoor visitation at Residential Facilities except for Long-Term Care Facilities Licensed by CDPH. Visitation may be implemented at the Residential Facility administrator's discretion, as feasible, and in compliance with California Department of Social Services (CDSS) PIN 20-23-ASC. Two UDV may be allowed to visit with residents in indoor areas, so long as there is not an Outbreak. The UDV must be screened for temperature and symptoms before visiting. The UDV may not be a COVID positive case or a confirmed contact of a COVID positive case. The two UDV may visit at the same time. All persons must maintain a 6-foot distance during visitation. Resident and UDV must wear a surgical face mask or Face Covering at all times. Residents in Continuing Care Retirement Communities (CCRC) who live independently are generally exempt from visitation restrictions, as specified in the CDSS PIN 20-23-ASC attached hereto as Attachment B and incorporated by this reference.
16. **Exceptions for Long-Term Care Facilities Licensed by CDPH Only.** One Unique Designated Visitor (UDV) shall be allowed for indoor visitation at **Long-Term Care Facilities Licensed by CDPH** that meet the conditions for indoor in-person visitation described in the CDPH All Facilities Letter 20-22.4 (see Attachment A). These include but are not necessarily limited to:
- a. Case conditions in the community, with a decline in the number of new cases, hospitalizations or deaths in the community;
 - b. Case status in the facility: Absence of any new COVID-19 cases in the facility for 14 days, either residents or staff;
 - c. Adequate staffing: No staffing shortages and the facility is not using a COVID-19 staffing waiver;
 - d. Access to adequate testing: The facility has a testing plan in place in compliance with AFL-20-53; and
 - e. Compliance with an approved COVID-19 Mitigation Plan.
17. **Visitors must monitor and report COVID-19 symptoms:** Visitors and any individuals who entered a Hospital or Residential Facility shall monitor themselves for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, they shall immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within

the facility they visited. They should also self-isolate at home, and contact their healthcare provider. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

18. **Definitions.** For the purposes of this Order, the following terms have the meanings given below:

- a. "Face Covering" means a covering made of a variety of materials such as cloth, fabric, cotton, silk, linen, or other permeable materials, that fully covers the tip of a person's nose and mouth, without holes, including cloth face masks, surgical masks, towels, scarves, and/or bandanas.

A Face Covering with a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that provides a preferential path of escape for exhaled breath shall not be used as a Face Covering under this Order because the valve permits respiratory droplets to easily escape which places others at risk.

- b. "Non-Essential Resident Movement" means travel off or onto Hospital or Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 guidance.
- c. "Outbreak" means one or more facility-acquired COVID-19 cases in a resident.
- d. "Premises" includes without limitation the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Hospital or Residential Facility type listed in Section 19 below.
- e. "Residential Facility" are those licensed facility types listed in Section 19 below.
- f. "Unique Designated Visitor" or "UDV" is a person who is designated as a visitor for the patient or resident each day. The Unique Designated Visitor may change from day to day or week to week. However, this Order strongly recommends visitors to be consistent and not change day to day or week to week when feasible, especially in non-hospital / non-hospice settings.
- g. "Visitors and Non-Essential Personnel" are employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital or Residential Facility. This term includes family members and loved ones of residents and those who have legal authority to make healthcare or other legal decisions for a resident.

19. This Order applies to each facility licensed type listed below:

- a. Hospitals including General Acute Care and Psychiatric Health Facilities

b. Residential Facilities include:

- i. Long Term Care Facilities licensed by CDPH, ie: Skilled Nursing Facilities; Intermediate Care Facilities of all license types; Residential Care Facilities for the Elderly "RCFE" of all license types
- ii. Hospice Facilities
- iii. Adult Residential Care Facilities ("ARF")
- iv. Social Rehabilitation Facility
- v. Enhanced Behavioral Support Facility
- vi. Continuing Care Retirement Community

For each Hospital or Residential Facility listed above the resident or the resident's authorized lawful representative may contact a representative of the facility to seek clarification of any part of this Order by contacting the administrator of the Hospital or Residential Facility.

If a resident or the resident's authorized lawful representative objects to the appropriateness of the limitation of access contained in this Order, the resident or lawful authorized representative must first raise their concern with the facility at issue. The hospital or residential facility is ordered to respond to the concern within two (2) business days.

If after receiving a response from the hospital or residential facility the objection is not resolved, the resident or lawful authorized representative may submit a written objection for consideration to the Public Health Department through the following method: Subject: objection to Health Officer Order No. 2020-11.4 phdadmin@sbcphd.org. Please provide a description of the basis of the objection, including any facts or context that are relevant. The Department of Public Health will try to respond promptly. The local health emergency may not permit a prompt response. If a response is not received within three (3) business days of receipt of the objection, the objection will be considered not granted.

If any Visitor or Non-Essential Person refuses to comply with this Order, then the Hospital or Residential Facility may contact local law enforcement to request assistance in enforcing this Order. The Hospital or Residential Facility shall take whatever steps are possible within the bounds of the law to protect residents from any such visitor or person who refuses to comply with this Order. For example, a Hospital or Residential Facility should contact facility security and ask the unauthorized visitor or person to comply with conditions of visitation imposed by the Hospital or Residential Facility and this Order. Even if a Visitor or Non-Essential Person otherwise complies with the facility's visitation

protocols, they may still be violation of this Order if their presence is not a Necessary Visitation.

This Order is issued as a result of the worldwide pandemic of COVID-19 which has infected at least 32,357,026 individuals worldwide, in 213 countries and territories, including 8, 973 cases and 113 deaths in the County, and is implicated in over 986,140 worldwide deaths.

This Order is issued based on evidence of continuing transmission of COVID-19 both within the County and worldwide, scientific evidence regarding the most effective approach to slow transmission of communicable diseases generally and COVID-19 specifically, as well as best practices as currently known and available to protect the public from the risk of spread of or exposure to COVID-19.

This Order is issued because of the propensity of the virus to spread person to person and also because the virus physically is causing property loss or damage due to its proclivity to attach to surfaces for prolonged periods of time.

This Order is issued in accordance with, and incorporates by reference: the March 4, 2020 Proclamation of a State Emergency issued by Governor Gavin Newsom; the March 12, 2020 Declaration of Local Health Emergency and Proclamation of Emergency based on an imminent and proximate threat to public health from the introduction of novel COVID-19 in the County; the March 17, 2020 Resolution of the Board of Supervisors ratifying the County Declaration of Local Health Emergency and Proclamation of Emergency regarding COVID-19; the guidance issued on March 11, 2020 by the California Department of Public Health regarding large gatherings of 250 people or more; Governor Gavin Newsom's Executive Order N-25-20 of March 12, 2020 preparing the State to commandeer hotels and other places of temporary residence, medical facilities, and other facilities that are suitable as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period; the March 13, 2020 Presidential Declaration of a National Emergency due to the national impacts of COVID-19; the guidance issued on March 15, 2020 by the Centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials through the United States and around the world recommending the cancellation of gatherings involving more than fifty (50) or more persons in a single space at the same time; the March 16, 2020 Order of the State Public Health Officer prohibiting all gatherings with expected presence above ten (10) individuals; and Governor Newsom's Executive Order N-33-20 of March 19, 2020 ordering all persons to stay at home to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19; the March 22, 2020, Presidential Declaration of a Major Disaster in California beginning on January 20, 2020 under Federal Emergency Management Agency (FEMA) Incident 4482-DR-CA; Governor Newsom's Executive Order N-60-20 of May 4, 2020 to allow reopening of lower-risk businesses and spaces ("Stage Two"), and thereafter to allow reopening of higher-risk businesses and spaces ("Stage Three"), and directing the State Public Health Officer to

establish criteria and procedures to determine whether and how particular local jurisdictions may implement public health measures that depart from the statewide directives; the July 13, 2020 State Public Health Officer Order; and the August 28 State Public Health Officer Order named California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe (also known as the Blueprint for a Safer Economy).

This Order is made in accordance with all applicable State and Federal laws, including but not limited to: Health and Safety Code sections 101040 and 120175; Health and Safety Code sections 101030 et seq., 120100 et seq.; and Title 17 of the California Code of Regulations section 2501.

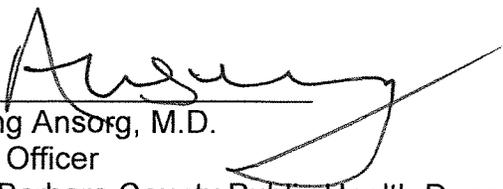
If any provision of this Order or the application thereof to any person or circumstance is held to be invalid by a court of competent jurisdiction, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

The violation of any provision of this Order constitutes a threat to public health. Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code sections 101029 and 120295, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. Per Health and Safety Code section 101029, "the sheriff of each county, or city and county, may enforce within the county, or the city and county, all orders of the local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. Every peace officer of every political subdivision of the county, or city and county, may enforce within the area subject to his or her jurisdiction all orders of the local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. This section is not a limitation on the authority of peace officers or public officers to enforce orders of the local health officer. When deciding whether to request this assistance in enforcement of its orders, the local health officer may consider whether it would be necessary to advise the enforcement agency of any measures that should be taken to prevent infection of the enforcement officers."

Copies of this Order shall promptly be: (1) made available at the County Public Health Department; (2) posted on the County Public Health Department's website (publichealthsb.org); and (3) provided to any member of the public requesting a copy of this Order.

This Order 2020-11.4 supersedes and replaces Order 2020-11.3 previously issued by the County of Santa Barbara Health Officer on August 28, 2020.

IT IS SO ORDERED:



Henning Ansborg, M.D.
Health Officer
Santa Barbara County Public Health Department

Attachment A



Sandra Shewry
Acting Director

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



GAVIN NEWSOM
Governor

August 25, 2020

AFL 20-22.4

TO: Long-Term Care Facilities

SUBJECT: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities
(This AFL supersedes guidance provided in AFL 20-22.3)

All Facilities Letter (AFL) Summary

- This AFL notifies long-term care (LTC) facilities of Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of Coronavirus Disease 2019 (COVID-19), including revised guidance for visitation.
- This AFL authorizes LTC facilities to temporarily modify their facility's visitation policies in accordance with CMS and CDC COVID-19 guidance when necessary to protect the health and safety of residents, staff, and the public.
- This AFL updates visitation guidance to require facilities to permit ombudsman to enter regardless of whether or not there is a COVID-19 outbreak.

Exception to Visitation Restrictions

The following are exceptions to a facility's visitation restrictions:

- **Healthcare workers:** Facilities should follow CDC guidelines for restricting access to healthcare workers. Healthcare workers, including those from the local county public health offices, should be permitted to come into the facility if they meet the CDC guidelines for healthcare workers.
- **Surveyors:** CMS and CDPH are constantly evaluating their surveyors to ensure they do not pose a transmission risk when entering the facility. Any surveyor entering the facility are subject to screening for fever and COVID-19 symptoms and must wear appropriate PPE.
- **Ombudsman:** Facilities must permit ombudsman in the facility. Any ombudsman representative entering the facility is subject to screening for fever and COVID-19 symptoms and must wear appropriate PPE.
- **Nursing students:** Students obtaining their clinical experience as part of an approved nurse assistant, vocational nurse or registered nurse training program should be permitted to come into the facility if they meet the CDC guidelines for healthcare workers.
- **End of life visitation:** For permitted visitors for end of life situations, those individuals:
 - Must be screened for COVID-19 symptoms
 - Must wear a surgical facemask while in the building
 - Restrict their visit to the resident's room or other location designated by the facility
 - Should be reminded by the facility to frequently perform hand hygiene
- **Legal matters:** Visitors must be permitted for legal matters that cannot be postponed including, but not limited to, estate planning, advance health care directives, Power of Attorney, and transfer of property title.

Any visitor entering the facility is subject to screening for fever and COVID-19 symptoms and must wear appropriate PPE.

Resuming Other Visitation

To resume visitation, facilities should refer to the "Recommended Nursing Home Phased Reopening for States" attachment in QSO 20-30 (PDF) and work with their local health department in determining the general community's current reopening phase. Due to the elevated risk COVID-19 poses to SNF residents, CMS recommends that facility reopening should lag behind the general community by 14 days. Facilities experiencing an outbreak (i.e. one or more confirmed positive cases) should not resume visitation.

Facilities that meet the following conditions shall allow residents to designate one visitor per resident for inside facility visitation:

- Case conditions in the community – There is a decline in the number of new cases, hospitalizations or deaths in the community.
- Case status in the facility - Absence of any new COVID-19 cases in the facility for 14 days, either residents or staff.
- Adequate staffing – No staffing shortages and the facility is not using a COVID-19 staffing waiver.
- Access to adequate testing – The facility has a testing plan in place in compliance with AFL-20-53.
- An approved COVID-19 Mitigation Plan- The facility must maintain good regulatory compliance for safety.

Facilities unable to meet the conditions specified above may not resume in room facility visitation, but they shall provide outdoor and other visitation options, including but not limited to:

- Allow scheduled visits on the facility premises where there is 6-foot or more physical distancing, and both residents and visitors where facial coverings with staff monitoring infection control guidelines. (i.e. large communal spaces, outdoor visits, drive-by visits or visit through a person's window).
- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families, such as advising not to visit.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (i.e. daily) with the facility's general operating status, such as when it is safe to resume visits.

Visitation Guidance

1. For all visitations, facilities should make efforts to allow for safe visitation for residents and loved ones.
 - Ensure visitor screening for fever and COVID-19 symptoms
 - Visitors and residents should have facial coverings (cloth masks or surgical face masks)
 - Staff should monitor to physical distancing is practiced with no hand-shaking, hugging, and remaining six feet apart.
 - If possible (i.e. pending design of building), creating dedicated visiting areas near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.
2. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.
3. For medically necessary trips away from the facility, the resident must wear a cloth face covering or a surgical facemask and the facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.

4. All staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff should wear cloth face covering if surgical facemask is not indicated.
5. Once baseline testing is complete implement either surveillance or response driven testing based on the conditions at the facility in accordance with AFL-20-53.
6. Have dedicated space in the facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmission with an unknown COVID-19 status and residents who develop symptoms.

Additional Guidance

The following are additional CMS guidance to prevent the spread of COVID-19. This guidance is subject to revision by CMS at any time.

1. Cancel communal dining and all group activities, such as internal and external group activities. For COVID-19 negative or asymptomatic residents, communal dining should be limited, but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).
2. Remind residents to practice social distancing and perform frequent hand hygiene. Residents must wear cloth face covering or facemasks as mandated in CDPH's Guidance for the Use of Face Coverings (PDF).
3. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
4. Facilities should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission.

CDPH understands the importance of maintaining contact with family and friends to LTC residents. If you have any questions about this AFL, please contact your local district office.

Sincerely,

Original signed by Heidi W. Steinecker

Heidi W. Steinecker
Deputy Director

Attachment:

- CMS QSO 20-14 (PDF)
- CMS QSO 20-30 (PDF)
- CDPH Guidance for the Use of Face Coverings (PDF)
- CDC Symptoms of COVID-19
- CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

Center for Health Care Quality, MS 0512 . P.O. Box 997377 . Sacramento, CA
95899-7377
(916) 324-6630 . (916) 324-4820 FAX
Department Website (cdph.ca.gov)



Attachment B



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

June 26, 2020

PIN 20-23-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **UPDATED GUIDANCE ON CORONAVIRUS DISEASE 2019 (COVID-19)
RELATED TO THE CRITICAL ROLE OF TESTING, MODIFICATION OF
VISITATION GUIDELINES, NEED FOR INFECTION PREVENTION AND
CONTROL, AND USE OF FACE COVERINGS IN ADULT AND SENIOR
CARE FACILITIES**

Provider Information Notice (PIN) Summary

PIN 20-23-ASC provides updated guidance to Adult and Senior Care (ASC) licensees related to the critical role of testing for COVID-19, modification of visitor guidelines, guidance for vigilant adherence to infection control and prevention practices to prevent the transmission of COVID-19 in ASC facilities, and mandated use of face coverings.

The California Department of Social Services (CDSS) remains committed to providing updated COVID-19 guidance as new information becomes available. At the time of this PIN's release, the State of California is in Stage 2 of the [Resilience Roadmap](#), where various workplaces can gradually reopen with adaptations upon approval from the local health department. This PIN provides guidance on testing for COVID-19 in residential care facilities and provides updates to [PIN 20-07-ASC](#) as it relates to direction on reopening modifications related to visitation, communal dining, and daily activities.

Residents in Continuing Care Retirement Communities (CCRC) who live independently are *generally* exempt from testing requirements and visitation

restrictions. Exceptions to being exempt from testing requirements include the person being symptomatic for COVID-19, exposure to a person who has tested positive to COVID-19, are moving into the facility, or are returning from being treated in the hospital.

All providers shall continue to follow guidance in all applicable CDSS PINs in addition to guidance or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments. If there are contradictory requirements between the most current CDC, CDPH, CDSS, and local health department guidance or health orders, providers should follow the strictest requirements.

As a reminder, providers must develop an emergency disaster plan, which should include illness outbreaks such as the COVID-19 pandemic.

Testing for COVID-19 in Residential Facilities

Prevention, containment, and mitigation measures are essential to stop the spread of COVID-19. Testing is additional tool to intervene early in an outbreak, as well as to assist a licensee in developing an effective plan to reduce the spread of COVID-19 in their facility. Testing does not replace or preclude other infection prevention and control interventions, including monitoring all residents and staff for signs and symptoms of COVID-19, universal masking by staff and residents for source control, use of recommended personal protective equipment (PPE), and environmental cleaning and disinfection. With the potential for staff to test positive for COVID-19, all facilities must be prepared for staffing shortages and have plans and processes in place to mitigate them.

Additionally, all facilities will need to have plans for the following:

1. How test results will be explained to the resident or staff;
2. How to communicate information about any positive cases of residents or staff in the facility to family members or responsible parties;
3. How results (positive or negative) will be tracked for residents and staff at the facility, and methods for communication of facility results to the local health department; and the local Community Care Licensing Regional Office.
4. How results will be used to guide implementation of infection control measures, resident placement, and staff and resident cohorting.

Types of Testing

There are two types of tests available for COVID-19: viral tests and antibody tests.

- A Polymerase Chain Reaction (PCR) test, referred to as a viral test, tells you if you have a current infection.
- An antibody test tells you if you had a previous infection.

For purposes of this guidance, the PCR test should be used when testing residents and staff and the prescriber should ideally be a primary care provider. The licensee or licensee representative should verify with the prescriber that the PCR diagnostic test is the one being prescribed. Viral test results capture the presence or absence of the virus at the time the specimen was collected. It is important to remember, the person's condition may change with subsequent exposure, therefore infectious disease control measures remain important even after a resident has tested negative.

Note: Antibody tests may not be able to show a current COVID-19 infection because it can take 1-3 weeks after infection to make antibodies. Because of this, antibody tests are not useful for the purposes of diagnosing a current infection. Instead the use of a viral test is recommended as noted above.

Testing of New or Returning Residents

All new residents should be tested prior to moving into the facility. Similarly, prior to returning to a facility, all residents who were treated at a hospital, or admitted to CDSS contracted facility or CDPH contracted alternate care site, should be tested.

Testing of New or Returning Staff

All new staff must be verified by a health screening and should be tested prior to working in the facility. Similarly, all staff who are returning from a leave of absence should also be tested.

Testing in Facilities without COVID-19

In facilities that currently do not have any diagnosed COVID-19 cases among residents or staff, CDPH recommends the following:

- For residents, testing should only be considered for those who present with symptoms of COVID-19 illness or were exposed to a person who tested positive for COVID-19. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, shortness of breath) but some people may present with other symptoms as well such as chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.
- For staff, facilities should conduct surveillance testing of 10 percent of all staff every 14 days (e.g. choose different staff to test every 14 days). The purpose of a surveillance testing strategy is to monitor the spread of the virus in order to isolate the virus and mitigate outbreaks.

CDSS may adjust the scope and frequency of staff testing based on community spread data and prevalence of the virus in the community.

Negative Test Result

All residents should be screened for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection each day. Where appropriate, independent CCRC residents may self-screen.

Staff should also be screened for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection each day they work.

Positive Test Result

For residents who test positive for COVID-19, whether asymptomatic or symptomatic, the resident must isolate in a separate bedroom with a bathroom until the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g., cough and shortness of breath); **AND**
- At least 14 days have passed since symptoms first appeared.

For staff who test positive for COVID-19 and who are asymptomatic, meaning that they have NOT had any symptoms, CDPH recommends that these individuals be instructed to care for themselves at home and not return to work until the following conditions are met:

- At least 10 days have passed since the date of the positive viral COVID-19 test.

For staff who test positive for COVID-19 and who then present with symptoms during their 10-day isolation period, they may return to work once the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g. cough and shortness of breath); **AND**
- At least 10 days have passed since symptoms first appeared.

In accordance with CDPH and CDC guidance, **staff** should be provided the information below about how to appropriately isolate within their home.

Staff Home Isolation

Isolation of persons who are infectious, i.e. individuals who have tested positive for COVID-19, can be done at home provided the following conditions are in place.

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who is sick, consider the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
 - Maintain at least 6 feet between beds, if possible.
 - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
 - Put a curtain around or place a physical divider (e.g. shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be disinfected after use.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the infected person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the person's infectious secretions.
- Appropriate cleaning supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care, if needed.
- Food, medications, laundry, and garbage removal.

When to seek care:

- If new symptoms develop or their symptoms worsen.
- If the infected person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person has COVID-19. The person should wear a facemask (or if unavailable, a cloth face covering) for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
 - Trouble breathing
 - Bluish lips or face
 - Persistent pain or pressure in the chest
 - New confusion

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk of COVID-19. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly

during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

Staff Home Quarantine

Quarantine of persons who have been exposed to an individual who has tested positive for COVID-19 can be done at home if the following conditions are in place:

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who was exposed, consider advising the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
 - Maintain at least 6 feet between beds, if possible.
 - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be disinfected after use.

Note: When everyone living in a household has been exposed, there is no requirement for a separate bedroom or bathroom if all persons remain without symptoms and without a positive COVID-19 test. However, facemasks (or if unavailable, cloth face coverings) for those quarantined are needed for any possible encounter with persons entering from outside the household.

When just one person is quarantined in a household with other household members who have not been exposed, a separate bedroom and separate bathroom (or one that can be disinfected after use) are needed. Additionally, facemasks (or if unavailable, cloth face coverings) for the quarantined individual and disinfectants to clean surfaces are needed for any possible encounter with persons entering from outside the household.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the exposed person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the exposed person's infectious secretions.
- Appropriate cleaning supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

Clinical monitoring:

- Quarantined individuals should be instructed to self-monitor for symptoms (i.e. check temperature twice a day, watch for fever, cough, shortness of breath, and other symptoms that can be attributed to COVID-19).
- Individuals at home who are originally quarantined and then develop symptoms should be tested immediately. They should be isolated and follow the recommendations above for “Staff Home Isolation.” If it is determined that they cannot suitably isolate at home, an alternate site of isolation should be considered.

Testing in Facilities with COVID-19

As soon as possible after one (or more) COVID-19 positive individuals (resident or staff) is identified in a facility, retesting of all residents (excluding independent CCRC residents, unless they have been in communal settings with other residents) and staff should be performed every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

If there are multiple buildings at a facility, and those who have tested positive are clustered in one building, serial testing should only occur among residents and staff in that building. It may not be necessary to test residents and staff across multiple buildings so long as staff are not moving among buildings to provide services or having close contact with staff providing services in a building caring for residents who are COVID-19 positive.

If there are positive cases across multiple buildings at any given facility, all residents and staff across all buildings should be tested every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

CDSS may adjust the scope and frequency of resident and staff testing based on community spread data and prevalence of the virus in the community.

Finding a Testing Site

The Testing Task Force has developed the Finding a Testing Site webpage (testing.covid19.ca.gov), where individuals can search for the nearest available COVID-19 testing location. The website features both state and community-based testing locations, including sites operated by Verily and OptumServe, which are open to

Californians who meet current testing guidelines. Testing is free for all individuals, including those who are uninsured or undocumented. Individual testing results must be provided to the licensee. The licensee must keep the test results confidential.

On the Finding a Testing Site webpage, Californians are able to find a COVID-19 testing site near their location by using any one of the following options:

- Choose Current Location
- Search by Address, City, or Zip Code
- Click on the interactive map
- Users can adjust their search radius to their preferred distance

Search results provide the user with site information, such as the address, hours of operation, any requirements, and the option to schedule an appointment where needed for non-drop-in locations. Note that the timeframe for receiving test results varies by testing site.

Alternate Staffing Plans

As the COVID-19 pandemic progresses, staffing shortages are likely to occur. Licensees should be prepared for potential staffing shortages and have a plan in place to mitigate this. In order to prepare and maintain appropriate staffing levels, licensees should:

- Understand their staffing needs and the minimum number of staff needed to provide care and a safe work environment; and
- Be in communication with the local Regional Office to identify and recruit additional staff when needed.

If unable to provide adequate staffing, contact the local Regional Office to discuss a temporary relocation of persons in care who tested positive for COVID-19 to a CDSS contracted facility.

Recommended Mitigation Measures/Reopening Strategies

A facility can begin to ease restrictions related to visitation, communal dining, and activities as specified below.

In all instances, easing of restrictions should include:

- Daily symptom screenings and temperature checks of residents and staff;
- Following physical distancing guidelines (i.e. space to allow individuals to remain 6 feet apart);
- Universal source control;
- Use of face coverings (For more information, see “Required Use of Face Coverings” below); and

- Enhanced cleaning and disinfecting protocols.

Facility Entering and Exiting Strategies

The following are strategies to help reduce the spread of COVID-19 when individuals enter and exit a facility.

- Designate one area to enter the facility and a different area to exit the facility.
- Require the use of face coverings (For more information, see “Required Use of Face Coverings” below).
- Add signage at entrances outlining proper face covering usage and current physical distancing practices in use throughout facility.
- Designate person(s) to conduct initial screening for individuals entering facility.
- Take the temperature of individuals entering the facility using a no-touch thermometer. A temperature of 100.4 or above indicates a fever.
- Ask individuals entering about COVID-19 symptoms within the last 24 hours and whether anyone in the individual’s home has had COVID-19 symptoms or has tested positive.
- Ask staff to check their temperature at home before leaving for work. Advise them to put on a face covering, regardless of symptoms, before leaving their home.
- Exclude any visitors or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of symptomatic individual. Items that cannot be disinfected should remain with the individual or be discarded.
- Make available and encourage use of handwashing stations or hand sanitizer upon entry and while in the facility.
- Record name and contact information for individuals entering the facility for possible contact tracing at a later date.

Staff conducting screening should wear PPE, in addition to a face covering, unless separated from individuals being screened by a physical barrier or partition. Staff conducting screening should also make interactions as brief as possible by limiting the interaction to screening questions only.

Visitation

In accordance with current public health guidance, visitation by non-essential individuals should be limited until all of the following conditions are met:

- There have been no new transmissions of COVID-19 at the facility for 14 days.
- Facility is not experiencing staff shortages.
- Licensee has adequate supplies of PPE and essential cleaning supplies to care for persons in care.
- Licensee has adequate access to COVID-19 testing as outlined in the “Testing for COVID-19 in Residential Facilities” section above.

- Require visitors to wear face coverings (i.e. facemasks or cloth face coverings).

Note: If all the above conditions are met, indoor visitation at the facility is permitted. See “**Other Safety Protocols**” below for best practices.

During the time when visitation is limited as indicated above, following exceptions apply:

- Allow limited visits on the facility premises where there is 6 feet or more physical distancing, source control, and infection control (e.g. drive-by visits or visit through a resident’s window).
- Allow visitation for medically necessary visits (e.g. end-of-life) or other urgent health or legal matters that cannot be postponed (e.g. estate planning, advance health care directives, Power of Attorney, transfer of property title).
- Allow visitation for social workers who are legally responsible for a person’s care to carry out their duties.
- As otherwise required in the Visitation Waiver in [PIN 20-09-CCLD](#).
- Allow CDSS, CDPH, local health department officials, healthcare providers, Ombudsman, and essential government authority to enter or conduct investigations at the facility.

Other Safety Protocols

- Allow scheduled visits on the facility premises where there is 6 feet or more physical distancing, and both residents and visitors wear face coverings with staff monitoring infection control guidelines (e.g. large communal spaces, outdoor visits, space close to facility entrance to reduce traffic in facility).
- To the extent possible, visits should take place outside. Where appropriate, designate an outdoor area, such as the yard, patio, open porches, parking lot, or driveway for visits, weather permitting.
- Visits should be scheduled in advance.
- Limit the number of visitors at any one time to avoid having large groups congregate.
- Screen all visitors for symptoms, including temperature screenings.
- Visitors should physically distance during their visit.

Communal Dining

Communal dining should be modified to help prevent the transmission of COVID-19 in the facility as specified below.

Communal dining can be reintroduced in a limited way if persons in care:

- Can remain at least 6 feet apart;
- Can eat in shifts to reduce the number of persons dining at any one time; and

- Wear face coverings before and after dining.

Any person in care that has tested positive for COVID-19 should not participate in communal dining until they have a negative test result.

Measures to help prevent disease transmission during dining include:

- Clean surfaces with soap and water then disinfect with a household disinfectant, prior to serving meals following the instructions on the label.
- Ensure residents handwash upon entering dining area or provide access to alcohol-based hand sanitizer with 60-95% alcohol.
- Have staff serve food to persons in care.
- Use disposable plates, napkins, and/or silverware. Avoid using linen tablecloths.
- Utilize outdoor space, weather permitting, for dining.
- When in-person dining is not available, a facility can make available a grab-and-go meal service to allow a person in care to eat their meal in their room.

Additional easing of restrictions may be recommended if community transmission of COVID-19 decreases from current levels.

Activities

Activities are an important part of maintaining a person's physical and mental health. During this time where visitation may be limited or restricted, providers have an increased obligation to engage with residents in a safe manner. This can be through modified activities or other engagements.

Activities should be encouraged but modified to help prevent the transmission of COVID-19 in the facility as specified below.

Examples of Modified Activities

- Allow for persons in care to socialize in common areas where social distancing and source control can be accomplished.
- Facilitate modified group activities, which could include book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures.
- Encourage use of technology to video chat family members, friends, or other persons in care.
- Deliver disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care.
- Have staff visit persons in care from the hallway with a traveling ice cream sundae or happy hour cart.
- Set up a space outdoors for socially distanced games, crafts, or group exercise.
- Set up games that can be played by phone or PA system, or from hallways, such as bingo and singalongs.

- Set up video streaming from the in-house TV station for persons in care to enjoy daily exercise classes, concerts, movies, lectures, and religious ceremonies.
- Start a pen pal program for persons in care.

Schedule

- Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.
- Schedule activities in a staggered fashion to limit number of persons in care participating at any one time.

Entering and Exiting

- Arrange entering and exiting into a group activity or common area so persons in care do not come within 6 feet of each other. This can be accomplished through the following ways:
 - Designate one area to enter and a different area to exit (i.e. enter through one door and exit through another).
 - Time activity so all participants can exit the activity prior to the next group of participants arriving.
 - Add floor markings to indicate 6 feet separation.
 - Add signage and/or furniture placement that cues at least 6 feet of distance between participants entering and exiting.

Other Safety Protocols

- Maintain at least 6 feet of physical distancing between participants and ensure no more than 10 individuals are in the room for the activity.
- Determine maximum group size, ensuring it is in conformance with your local health department guidelines related to physical distancing guidelines.
- Shorten activity time to reduce risk of exposure.
- Schedule types of activities that allow for staff and persons in care to wear a face covering during the activity and when moving to and from the activity and their room.
- Create a sign-up sheet for each activity to control the number of participants. Sign-ups should be handled by staff to avoid cross contamination by multiple participants touching the same paper/pen/screen.
- Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Notify all participants of the rules for activities and common space usage to prevent the spread of infection.
- Remove furniture, except enough for the maximum number of persons in care allowed in the area at any one time.

Infection Prevention and Control Reminders and Additional Resources

CDSS released guidance on infection prevention and control in a PowerPoint presentation titled "Prepare for COVID-19 in Residential Facilities," which can be found on the Community Care Licensing Division (CCLD) landing page for COVID-19 under the "Additional Resources" tab. This presentation also includes information on the following topics:

- Quarantine, Isolation, and Cohorting
- Use of PPE

PIN 20-20-ASC provides licensees guidance on how to collect, properly package, and ship used N95 respirators to Battelle for decontamination through the Battelle Critical Care Decontamination System (CCDS)[™].

Licensees seeking PPE for persons in care and staff may contact the local Regional Office for assistance. The Medical Health Operational Area Coordinator (MHOAC), under the Emergency Medical Services Authority (EMSA), is an alternative place for licensees to request resources. If contacting MHOAC, e-mail is recommended to log the request if phonelines are impacted.

Strategies in Caring for Persons in Care with Dementia, Individuals with Intellectual Disability, or Mental Illness

When working with a person in care exhibiting behaviors that pose a challenge in complying with guidelines, licensees are encouraged to:

- Use a calm and steady tone of voice to educate the person in care on the importance of observing protocols, such as good hand hygiene and physical distancing to help prevent the spread of the COVID-19;
- Redirect the person in care when possible; and
- Reach out to county behavioral health department or placing agency such as the local regional center, for assistance in addressing these types of behaviors.

The following resources provide useful information and best practices for providing care to persons with dementia:

- California Department of Social Services
 - Best Practices for Caring for Individuals with Dementia During Coronavirus Disease 2019 (COVID-19)
- Alzheimer's Association
 - Coronavirus (COVID-19): Tips for Dementia Caregivers in Long-Term or Community-Based Settings

- Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based setting

Providers are also encouraged to visit the following website for more information on caring for persons with mental or developmental behaviors:

- California Department of Developmental Services
 - Coronavirus Information and Resources

Required Use of Face Coverings

Consistent with Guidance for the Use of Face Coverings issued by the California Department of Public Health, individuals in ASC facilities are **mandated to wear face coverings**. This requirement is applicable to all facility staff. Persons in care should be reminded that they are required to abide by face covering requirements at all times when they leave the facility, and as much as practically possible, while in the facility (e.g. in a large facility where a resident is moving between their bedroom and a common area; in common areas where 6 feet physical distancing is not possible, etc.). The mandated use of a face covering is in addition to existing guidance related to proper physical distancing and handwashing.

Individuals exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it. **This applies to staff in ASC facilities.**

Exceptions – Face Coverings

There are specified exceptions to the mandate to wear a face covering. Exceptions that may apply to persons in care include, but are not limited to:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication;
- Persons who are obtaining a service involving the nose of face where temporary removal of face covering is necessary;
- Persons who are eating at a restaurant or other establishment offering food or beverage service, to remove face covering while they eat and maintain proper social distance;
- Persons who are engaged in outdoor work or recreation, and able to maintain at least six feet from others.

Additional Resources

The following resources are also available online:

Federal Resources

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
 - [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
 - [Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities](#)
- World Health Organization (WHO)
 - [Coronavirus disease \(COVID-19\) pandemic](#)

State Resources

- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
 - [All COVID-19 Guidance](#)
 - [Detection and Management of COVID-19 Cases in Congregate Living Facilities](#)

Local Health Resources

- [Local County Health Departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\) Contact List](#)

If you have any questions, please contact your local [Adult and Senior Care Regional Office](#).