San Francisco Department of Public Health

Guidance

Interim Guidance: Prevention and Management of COVID-19 in Long-Term Care Facilities

Last updated January 24, 2023

The following guidance was developed by the San Francisco Department of Public Health (SFDPH) for use by local facilities and will be posted at https://sf.gov/resource/2022/covid-19-guidance-high-risk-settings

Summary of Changes since the 12/21/2022 Version

- Outbreak definition now includes three cases with epi-linkage in staff members (AFL 23-09)
- Clarified requirements for passive screening for visitors (AFL 22-07, PIN 22-28)
- For SNFs Only:
  - Updated PPE requirements for staff working with non-isolated, non-exposed residents. *N95 and eye protection recommended in an outbreak and periods of high community transmission, but are not required for routine resident care* (AFL 23-12)
  - Eliminated requirement to have dedicated staff to work with isolated residents, as long as appropriate PPE and hand hygiene are in place (AFL 23-12)

AUDIENCE: Administrators of Long-Term Care Facilities (LTCFs), which encompass the California Department of Social Services/Community Care Licensing Division and Department of Public Health Licensing and Certification Program Facilities in San Francisco. These include Adult Residential Facilities (ARF); Residential Care Facilities for the Elderly (RCFE); Residential Care Facilities – Continuing Care; Residential Care Facilities for the Chronically Ill (RCFCI); and Skilled Nursing Facilities (SNF) that provide 24-hour skilled care on site.

PURPOSE: To help LTCFs understand the health practice and safety requirements at their facility to prevent and manage the spread of COVID-19 among staff and residents. This interim guidance may change as knowledge, community transmission, access to vaccines, community practices, and state guidance change. Facilities are responsible for following generally the strictest among CDPH, CDSS, local, and state health orders in a timely manner and for updating Mitigation Plans required by their licensing bodies.

BACKGROUND: LTCFs provide residential care to people who require varying levels of support. Because of the heterogeneity of residents, facilities, access to and uptake of prevention, treatment, and vaccination strategies, SFDPH is summarizing key components of infection prevention and mitigation of transmission.

This document provides a summary guidance to LTCFs in the City & County of San Francisco on:

Positive case: reporting, isolation, and quarantine

Reporting

Reporting a suspected or confirmed COVID-19 case or outbreak[1] is required under AFL 23-09. **Isolation** refers to separation of a positive or suspected case from others. **Quarantine** refers to the observation period for residents upon new admission or return from >24h leave, onset of symptoms, or after high-risk exposure[2] or close contact[3].

All facilities are required to notify SFDPH when a suspected or confirmed COVID-19 case is identified:

SFDPH Communicable Disease Control Unit – COVID Team
Contact: COVID.Outbreak@sfdph.org or (415) 554-2830

Notify SFDPH CDRU promptly if:

- Suspected or lab-confirmed positive SARS-CoV-2 test in residents or staff, or
- Three or more residents or staff with new-onset respiratory symptoms within 72 hours of each other, or
- Residents with severe respiratory infection resulting in hospitalization or death.

Initiate the following steps when a resident or staff case is identified:

1. **Isolate positive or symptomatic individual(s).** For SNFs, see AFL 22-13; for RCFs, see PIN 22-15
2. Identify and **quarantine close contact residents** when indicated in accordance with AFL 22-13 and PIN 22-15
3. **Notify** SFDPH COVID Disease Response Unit per Reporting section above.
4. **Test** close contacts[3]. Initiate response testing (AFL 22-13, PIN 22-16) as indicated.
5. **Cohort residents** according to symptoms and testing results, as outlined in AFL 22-13 and PIN 22-15
6. **Outbreak status, admissions** during surges: see AFL 21-08 and AFL 22-31 on crisis and contingency planning for staffing shortages and collaborating with SFDPH to resume admissions during outbreaks.
7. **Communicate** with SFDPH as requested during the outbreak.

[1]An outbreak in a LTCF is one or more facility-acquired COVID-19 cases in a resident OR three or more epi-linked cases among staff. Thresholds for additional investigation and mandatory reporting to the health department are noted in AFL 23-09.
[2]A high-risk exposure is an exposure to aerosol generating procedures in a known COVID-19 positive individual without full PPE.
[3]A close contact is an individual who shared indoor airspace e.g., within the same four walls for a cumulative ≥15min over 24hrs with someone with SARS-CoV2 infection during their infectious period.

8. **Monitor** positive and exposed residents with the frequency described below. Notify their physician as soon as possible.
9. **Start treatment** for eligible residents as soon as possible, with clinical consultation.

Although it is not a State or local mandate for residents to be up-to-date on vaccination[4], it is highly encouraged that **everyone be fully vaccinated and complete all recommended boosters**, once eligible, to maintain the strongest health protections for staff and residents in these settings.

Isolation and Quarantine

The table below compiles AFL and PIN recommendations for isolation and quarantine of LTCF staff and residents. For questions, contact COVID.outbreak@sfdph.org.

Facility type	Who	Guidance	Vax status[5]	Isolation	Quarantine/ Work Restriction
SNF	Staff	AFL 21-08	Regardless of vaccination status	5 days minimum, with negative test. Continue to mask 10 days. OR: 10-day isolation with no test	None; negative test upon identification and again at 5-7 days post-exposure
	Resident	AFL 22-13	Regardless of vaccination status	10 days since symptom onset (or positive test if asymptomatic) AND No fever for at least 24hrs AND Symptom improvement If immune-compromised, 10-20 days isolation with clinical consultation	No quarantine/ room restriction required Test promptly (no earlier than 24hrs after exposure), at day 3 and day 5. Source control when outside of the room Note: Larger-scale response testing and/or quarantine may be indicated if the facility is experiencing uncontrolled spread of disease and cannot adequately contact trace

[4] Per San Francisco Health Officer Order, a person is "Up-to-Date on Vaccination" when they have both (i) completed an initial vaccination series and (ii) received all recommended boosters, once booster-eligible, immediately upon receipt of the most last recommended booster. Until a person is Booster-Eligible, they are considered Up-to-Date on Vaccination two weeks after completing their full initial series of vaccination.

[5] LTCF staff or residents who have recovered from infection within the last 30 days do not need to quarantine or response test during outbreaks if asymptomatic.

Facility type	Who	Guidance	Vax status[5]	Isolation	Quarantine/ Work Restriction
RCF	Staff	PIN 22-09	Fully vaccinated + 1 booster, once eligible	5 days minimum, with negative test. Continue to mask 10 days. OR: 10-day isolation with no test	None; test and mask per PIN 22-16 Summary Table 3
			Not fully vaccinated + 1 booster, once eligible	7 days minimum, with negative test. Continue to mask 10 days OR: 10-day isolation with no test	7 days; negative test upon identification and again within 48hrs prior to return
	Resident	PIN 22-15	Fully vaccinated + at least 1 booster, once eligible	10 days since symptom onset (or positive test if asymptomatic) AND No fever for at least 24hrs AND Respiratory symptom improvement If immune-compromised, 10-20 days isolation with clinical consultation	None; test upon identification and again at 3-5 days post-exposure.
		PIN 22-15	Not yet fully vaccinated + 1 booster, once eligible		5 days; test no sooner than 48hrs after initial exposure and again 3-5 days post-exposure. Can be released from quarantine with a negative test within 48hrs of discontinuation of quarantine. If not testing, resident should be quarantined for 10 days.

Resident considerations: isolation of residents who test positive

Please see AFL 22-13 and PIN 22-15 or SNF and RCF resident guidance, respectively.

- Everyone who tests positive should wear a well-fitted mask for 10 days, regardless of vaccination status or isolation status.
- Treatment for COVID-19, if indicated, should start with clinical consultation as soon as possible to prevent hospitalization and death; see Treatment section and sf.gov.

Resident considerations: observation or quarantine of residents

Per AFL 22-13, and PIN 22-15 LTCF residents in quarantine should be roomed separately (not share rooms in quarantine/observation) if they have different reasons for quarantining:

1. New admission resident who is not yet fully vaccinated and at least one booster, once eligible, or if returning from an outing >24hrs and not yet fully vaccinated and at least one booster, once eligible;
2. Close contact and not yet fully vaccinated and at least one booster, once eligible;
3. If symptomatic, regardless of vaccination or recent recovery status.

All LTCF staff and residents should **continue to wear a well-fitted mask for 10 days after COVID-19 exposure**, even if they have met criteria to end quarantine and/or return to work per CDPH I&Q Guidance.

Guidance on symptomatic residents and removing residents from isolation or quarantine

Additional clinical input is recommended for symptomatic residents who test negative for COVID-19 and other viral infections. Residents should remain in quarantine unless clinical consultation determines another cause for symptoms, with appropriate treatment.

- Symptomatic residents should be in quarantine for symptoms and not be roomed with confirmed positive residents until testing confirms diagnosis.
- For symptomatic individuals with a negative antigen test, see Testing guidance below

Testing guidance

State guidance is rapidly changing in response to case rates, vaccination status, variants, and CDC recommendations. Please refer to AFL 22-13 and PIN 22-16 , and CDPH Health Order 9/13/22 (which supersedes PINs).

Symptomatic testing

Regardless of vaccination status or prior positive test, **all residents and/or staff** who are **symptomatic need to test immediately.** Test results depend on how much virus is in the sample and other factors. To reduce the risk of a missing an infection in someone who is symptomatic, please repeat a test in 1-2 days if initial result is negative:

- For symptomatic individuals with a negative antigen test and high clinical suspicion for COVID (recent close contact,) SFDPH recommends a confirmatory PCR or repeat antigen test 1-2 days later.
    - Confirmatory PCR is not recommended in any other situation
    - PIN 21-16 requires that symptomatic individuals with a negative antigen test have PCR sent
- **When sending a test for symptomatic residents, facilities should also test for other viral infections (e.g. flu when flu circulating, respiratory viral panel.)**
- Newer variants may have different symptoms (e.g. nausea/vomiting/diarrhea,)

Diagnostic screening testing

Surveillance testing may be indicated for asymptomatic residents and/or staff without close contact or high-risk exposure to a positive case. In most instances, LTCF residents/staff who have **previously tested positive within the last 30 days should not undergo surveillance testing, unless symptomatic.**

Residents

Newly admitted residents and residents who have left the facility for >24 hours should undergo testing as outlined in AFL 22-13 and PIN 22-16.

HCPs/Staff

All staff should follow the testing and masking guidance listed in CDPH Health Order 9/13/22. Routine screening testing of asymptomatic LTCF staff is no longer required.

Diagnostic screening testing of staff is not required, but facilities may consider for:

- Individuals with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine
- Staff (regardless of vaccination status) who are returning from vacation, leave, travel, or caring for a positive household member

Response testing

SNFs should refer to AFL 22-13 and RCF to PIN 22-16 when applying response testing in their facilities. In general, LTCFs are encouraged to selectively test high-risk close contacts as opposed to facility-wide response testing if they can contact trace and are not experiencing uncontrolled transmission. However, facilities should maintain the supplies and ability to ramp up testing if needed or recommended by the public health department.

Individuals who have recovered from COVID-19 in the last 30 days may be exempt from response testing and quarantine if asymptomatic, per AFL 21-08, PIN 22-09, AFL 22-13 and PIN 22-16.

- Per PIN 22-16, independent living residents are only exempt from response testing if they do not receive assisted living services or use any of the communal facilities (e.g., dining, activities, transportation) at their facility.

Treatment

Age and co-morbidities are currently the strongest risk factors for progression to severe disease and death, even in individuals who are vaccinated. Facilities should seek clinical input to start treatment (with lab draws if needed) for residents regardless of vaccination status **as soon as** possible, for individuals with:

- Recently diagnosed with symptomatic COVID-19 AND
- Mild or moderate disease NOT requiring hospitalization AND
- At risk for progression to severe COVID-19, due to any one of the following:
    - Age 50 or older, especially anyone age 65 or older
    - Under age 50 with risk factors for severe disease
    - Immunocompromised

- Unvaccinated or not completely vaccinated
- Pregnant

For congregate sites (RCFs) that do not have on-site licensed prescribers, contact the resident's primary care clinic or Test-to-Treat locations (see PIN 22-04) and sf.gov Outpatient therapeutic information for providers. Additional information about treatment resources can be found in AFL 22-20.

Vaccination and other infection prevention and control guidelines

Vaccination

Being up-to-date on vaccination prevents severe illness and death due to COVID-19. In San Francisco, **LTCF workers must complete a primary series and at least one booster, once eligible.** This booster does not need to be an updated formulation (e.g. the bivalent booster released in Sept 2022). **Though not required, being up to date with all recommended boosters is highly encouraged for all workers, residents, and visitors.** Immunization requirements for healthcare workers are outlined in AFL 21-34.

Prevent staff from working while ill

COVID-19 infections often start from household or community-acquired illness among staff, who then transmit to others at facilities. **Symptomatic staff, regardless of vaccination status, should notify their supervisor, seek testing, consider treatment if they have at least one risk factor for severe disease, and NOT report to work.**

- Facility HR should be aware of resources for positive or symptomatic staff, e.g., isolation and quarantine, food, cleaning supplies, and state-mandated COVID-19 sick leave hours.

Screen and monitor everyone for symptoms

All visitors, staff, vendors, residents returning from outings, and other individuals (except for 911 responders) should be screened for COVID-19 symptoms upon entry, per AFL 22-07 and PIN 22-28. Visitors should share contact information in case contact tracing is needed later. Passive screening (self-screening) is acceptable.

Recognize and respond rapidly to atypical COVID-19 signs and symptoms

Monitor all residents daily for fever T>100.4F and COVID-19 symptoms. Residents in quarantine or observation should be monitored twice a day (or once a shift) and residents with confirmed or suspected COVID-19 infection should be monitored every 4 hours (or twice a shift).

- People with COVID-19 can have no symptoms, subtle symptoms, or moderate to severe illness. Recognize **atypica**l symptoms **of COVID-19 seen among older individuals**, because these can often predict worsening and hospitalization: changes mental status (e.g., lethargy, confusion, agitation, behavior change) poor oral intake, falls, weakness.
- Newer variants may have different symptoms (e.g. GI) than prior variants.

Personal protective equipment (PPE) and hygiene

Provide staff with specific training on transmission-based precautions and appropriate use of PPE.

- Staff should wear appropriate PPE as outlined in the tables within AFL 23-12 and PIN 22-15.

- **Ensure that all staff have been fit-tested for N95 respirators**. Fit-testing is valid for one year; skilled nursing facilities should **renew fit-testing annually.**
    - We highly urge that staff wear N95s and eye protection throughout the facility during substantial and high community transmission.
- **Facilities must continue to adhere to Cal/OSHAs standards.** Clean and disinfect surfaces per CDC guidance.
- Hand hygiene: Everyone entering the facility, before and after meals, entering break rooms, after using bathrooms, before indoor communal activities. Maintain warm water, soap, paper towels (avoid dryers that can spread aerosols) when possible.

Physical distancing

In general, maintaining 6 feet reduces overcrowding. Greater distances may be safer, depending on the aerosol-generating activity, rate of shedding of the individual, source control, ventilation, and susceptibility of others. Follow guidance per PIN 22-28 and AFL 22-07 on visitation and distancing.

- Reduce seating in common areas to avoid overcrowding, especially break rooms.

Special considerations for memory care and behavioral units

Prioritize Memory Care units and Behavioral units (locked units) for early, active measures to prevent infection which can lead to rapid transmission.

- To reduce risk of rapid transmission, use creative strategies to keep residents out of quarantine and isolation areas; games to remember handwashing; and other cues.
- Per PIN 21-19, consider opening windows for ventilation when feasible, safe, and secure or portable air cleaners per CDPH guidance on ventilation.
- For PPE with residents in Memory Care, refer to the CDC and PIN 21-19.

Transfer of patients with COVID-19 to LTCFs

Per AFL 20-33, AFL 22-31, AFL 21-20, and PIN 20-38, patients with COVID-19 may be transferred to LTCFs if they are clinically stable, even if they still require isolation/transmission-based precautions, as long as the facility can reasonably accommodate the resident **without putting existing residents at risk** (as outlined in AFL 22-31)

All new admissions or interfacility transfers that **require isolation for COVID-19 upon arrival** must have approval from SFDPH via COVID.Outbreak@sfdph.org

Visitation, communal dining, and activities

Socialization and meaningful connection are critical for maintaining health, especially among LTCF residents. Facilities should continue to offer multiple ways to connect with loved ones including **outdoors** when safety and security allow, and virtually to maximize visitation options.

Visitation

LTCFs must follow AFL 22-07, and PIN 22-28.

- Even if visitors have met community level criteria for discontinuing isolation or quarantine, **they should not visit in a healthcare or congregate setting until they have met criteria that would be used to discontinue isolation or quarantine of unvaccinated residents in that setting.**
- Passive symptom screening may be used. Signage at with information about how to self-screen for COVID symptoms is encouraged at all points of entry.
- Wear a well-fitting face mask (N95, KF94, KN95 or surgical masks are preferred over cloth face coverings) and perform hand hygiene upon entry and in all common areas in the facility.

Exceptions:

- **Visitors who are visiting for essential visitation needs, including visiting a resident in critical condition** when death may be imminent, are exempt from the vaccination and testing requirements, however, must comply with all infection control and prevention requirements applicable for indoor visits.
- If the resident is unable to leave their room to visit outdoors, visitation may take place indoors, even for visitors who cannot provide proof of vaccination or a negative test. Visits cannot take place in common areas, in room if the resident's roommate is present, resident and visitor must wear a well-fitted mask (N95, KF94, KN95, or surgical mask is always preferred over cloth face coverings) and distance.

Communal dining & activities

Facilities should refer to AFL 22-07 and PIN 22-28 or any versions that supersede them. If there are differing requirements among the CDC, CDPH, CDSS, CDDS, and local public health department guidance or health orders, licensees should follow the strictest requirements.

Residents who are not in isolation may eat in the same room and participate in communal activities without distancing, regardless of vaccination status. Consider outdoor options whenever safety and security allow.

SFDPH may recommend temporarily limitations and/or pausing of communal activities and/or dining if ongoing facility transmission is identified. General visitation guidance may change depending on case rates, variants, and staffing; it is key to communicate with families about visitation updates.

Resources

San Francisco Department of Public Health (SFDPH)

- Health Orders & Directives: https://sf.gov/healthrules
  - Facility & care worker requirements: https://sf.gov/file/facility-and-healthcare-worker-vaccination-requirements-chart
- Resources for providers: https://sf.gov/topics/healthcare-providers-and-covid-19
  - High risk settings: https://sf.gov/resource/2022/covid-19-guidance-high-risk-settings
  - Provider guidance on therapeutics: https://sf.gov/information/covid-19-outpatient-therapeutic-information-providers

California Department of Public Health (CDPH)

- All Facilities Letters (AFLs): https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx
- Interim guidance for ventilation, filtration, and air quality in indoor environments: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx

California Department of Social Services (CDSS)

- Provider Information Notices (PINs) for Adult and Senior Care (ASC) Program: https://www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notices/adult-senior-care

Centers for Disease Control and Prevention (CDC)

- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
- Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#WorkRestriction
- Return to work criteria for healthcare personnel (updated guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Centers for Medicare & Medicaid Services (CMS)

- COVID-19 LTCF guidance revised: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf