San Francisco Department of Public Health

Guidance

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

Last updated June 7, 2024

The following guidance was developed by the San Francisco Department of Public Health (SFDPH) for use by local facilities. It is posted at https://www.sf.gov/resource/2022/respiratory-illness-guidance-high-risk-settings

Summary of Changes

- Updated isolation and post-exposure guidance for RCFEs, in line with updated CDPH guidance
  - Individuals who test positive for COVID should isolate until symptoms improve and 24hrs fever-free. After ending isolation, extra precaution should be taken for an additional five days.
  - After exposure to a COVID-positive individual, test if symptoms develop. Consider testing within five days of exposure regardless of symptoms.

Settings at higher risk for COVID-19 transmission, outbreaks, and/or with residents at increased risk of severe disease may wish to continue to implement requirements that are more protective for their residents and staff.

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:

All facilities are required to notify SFDPH promptly when any of the following occur:

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

- Reporting threshold is met:
  - SNF: ≥2 cases within 7 days in residents OR ≥2 cases in staff + ≥1 cases in residents
  - RCF: ≥3 linked cases within 7 days
- Residents with severe respiratory infection resulting in hospitalization or death.

Individual cases of COVID-19 must be investigated, however facilities are only required to report to SFDPH once outbreak threshold is met (AFL 23-08, PIN 23-04[1]).

Please note that these facility types have different thresholds for "outbreak."

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

1. **Isolate positive or symptomatic individual(s).** For SNFs, see CDC; for RCFs, see PIN 23-07
2. Identify **and test close contacts** when indicated in accordance with CDC and PIN 23-07
3. **Notify** SFDPH COVID Disease Response Unit per Reporting section above.
4. **Cohort residents** according to symptoms and testing results, as outlined in CDC and PIN 23-02
5. **Outbreak status, admissions** during surges: see AFL 21-08 on crisis and contingency planning for staffing shortages and collaborating with SFDPH to manage admissions during outbreaks.
6. **Communicate** with SFDPH as requested during the outbreak.
7. **Monitor** positive and exposed residents with the frequency described below. Notify their physician as soon as possible.
8. **Start treatment** for eligible residents as soon as possible, with clinical consultation.

[1] RCFs are considered "a non-healthcare, congregate residential setting." Per CDPH, an outbreak in these settings is three cases within a 7-day period among epidemiologically-linked residents and/ or staff. Facilities unsure about epidemiologic links between cases are invited to reach out to our team for consultation.

Although it is not a State or local mandate for residents to be up-to-date on vaccination[2], 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 post-exposure management of LTCF staff and residents. **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 close contact[3]

Note that all guidance below is regardless of the individual's vaccination status.

Facility Type	Who	Guidance	Isolation	Quarantine/ Work Restriction[4]
SNF	Staff	AFL 21-08 CDC	5 days minimum, with negative test. Continue to wear fitted N95 until day 10. OR 10-day isolation with no test	None. Test no earlier than 24hrs after exposure, and then on days 3 and 5 post-exposure. Mask around others for a total of 10 days.
	Resident		• 10 days since symptom onset (or positive test if asymptomatic) AND • No fever for 24hrs AND • Symptom improvement If immune-compromised, 10-20 days isolation with clinical consultation	None. Test no earlier than 24hrs after exposure, and then on days 3 and 5 post-exposure. Mask around others for a total of 10 days.
RCF	Staff or Resident	PIN 23-07 CDC	• Until symptoms are mild and improved AND • No fever for 24hrs Take added precautions over the next 5 days. This may include taking steps for cleaner air, hand washing, covering your mouth to cough or sneeze, masks, physical distancing, and testing when you	None. Monitor for symptoms and test if symptoms develop. Consider testing within 5 days of last exposure regardless of symptoms.

[2] 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.
[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.
[4] Individuals who have recovered from infection within the last 30 days do not need to response test during outbreaks if asymptomatic.

Facility Type	Who	Guidance	Isolation	Quarantine/ Work Restriction[4]
			will be around other people indoors. Facilities should develop and document a protocol to fit the needs of their resident population.	

Resident considerations: isolation of residents who test positive

Please see CDC and PIN 23-07 or SNF and RCF resident guidance, respectively.

- 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 CDC and PIN 23-07, quarantine is no longer routinely required after close contact or return to the facility. However, in situations of uncontrolled spread where a facility-wide testing approach is used, quarantine may be reinstated to manage exposed individuals.

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

Symptomatic testing

Regardless of vaccination status or prior positive test, **all residents and/or staff** who are **symptomatic need to test immediately** and should isolate in their current room until results are received per CDC and PIN 23-07.

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:

- 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
- **When sending a test for symptomatic residents, facilities should also test for other viral infections (e.g. flu when flu circulating, respiratory viral panel with RSV)**

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

Testing of asymptomatic, newly-admitted residents is at the discretion of the receiving facility (CDC).

HCPs/Staff

Routine screening testing of asymptomatic staff is no longer 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 CDC and RCFs to PIN 23-07 when applying response testing in their facilities. In general, LTCFs are encouraged to selectively test 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 are exempt from response testing if asymptomatic, per AFL 21-08, PIN 23-07, and CDC.

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 23-29.

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 monovalent formula released in Fall 2023). **Though not required, being up to date with all recommended doses is highly encouraged for all workers, residents, and visitors.** Immunization requirements for healthcare workers are outlined in SF Health Order 2023-02: COVID-19 Vaccination of Healthcare Personnel.

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.**

Screen and monitor everyone for symptoms

All visitors, staff, vendors, residents returning from outings, and other individuals (except for 911 responders) should screen for COVID-19 symptoms upon entry, per CDC Guidance for Healthcare Personnel (SNFs) and PIN 23-07 (RCFs). Due to increased community transmission of respiratory illnesses, facilities should utilize active symptom screening during "flu season" (November 1 – April 30) (AFL 23-36). This screening strategy should also be utilized during respiratory illness outbreaks. In all other scenarios, passive screening (self-screening) is acceptable for staff, visitors, and others who visit the facility.

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

Monitor all residents for COVID-19 symptoms. 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.

- SNFs should monitor residents at least daily. SNF 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).
- RCFs should observe residents for any changes in condition, but are no longer required to perform daily temperature checks (PIN 23-07). Ill residents should be checked as often as needed to determine any signs of distress (e.g. trouble breathing, altered mental status, or other serious symptoms).

Personal protective equipment (PPE) and hygiene

Health Order 2023-01, which required personnel working in designated healthcare facilities to wear a well-fitted mask, expired on April 30, at 11:59 p.m. Please visit sf.gov/healthrules for the recission document.

Following the end of the winter respiratory virus period, and with COVID-19 vaccines and treatments widely available, healthcare facilities are now able to address respiratory viruses through their own infection control policies and practices, eliminating the need for an ongoing health order for masking. Those who operate these facilities can decide to implement their own requirements regarding masking for patients and staff. For instance, they may choose to continue the requirements of the prior order or may require masks in certain settings or circumstances (such as during an outbreak). Additionally, because it is not always apparent that a patient may be at higher risk, and to continue to encourage essential healthcare visits, SFDPH recommends that healthcare systems and facilities implement policies that staff will mask on patient request, if their policy does not already require staff masking.

Staff should be provided with specific training on transmission-based precautions and appropriate use of PPE.

- Staff should wear appropriate PPE as outlined in 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 encourage staff to 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 six 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 23-07 and CDC Guidance for Healthcare Personnel on visitation and distancing.

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 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 recommendations on managing COVID in Memory Care units, refer to PIN 21-19.

Transfer of patients with COVID-19 to LTCFs

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**.

Facilities are no longer required to seek SFDPH approval prior to discharging COVID+ patients to a LTCF.

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 CDC Guidance for Healthcare Personnel and PIN 23-07.

- 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.**
- Facilities should implement active symptom screening for visitors during flu season (Nov 1 – April 30) and during respiratory disease outbreaks (AFL 23-36). Signage at with information about how to screen for COVID symptoms is encouraged at all points of entry.
- Visitors are strongly encouraged to 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. Facilities should prioritize indoor visits in private areas as much as possible.

Communal dining & activities

Facilities should refer to CDC Guidance for Healthcare Personnel 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 for Healthcare Personnel https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-home-long-term-care.html

Centers for Medicare & Medicaid Services (CMS)

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