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

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

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PIN 23-02-ASC
(Supersedes PIN 22-16-ASC)
(Supersedes PIN 22-15.1-ASC)
(Supersedes PIN 22-09-ASC)
(Supersedes PIN 21-38-ASC)
(Supersedes PIN 20-23-ASC in part)

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

Original signed by Kevin Gaines
FROM: KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: **UPDATED GUIDANCE ON TESTING, ISOLATION AND QUARANTINE, AND MASKING FOR STAFF AND RESIDENTS AT ADULT AND SENIOR CARE FACILITIES**

Provider Information Notice (PIN) Summary

PIN 23-02-ASC supersedes PIN 22-16-ASC, dated May 16, 2022; PIN 22-15.1-ASC, dated September 1, 2022; PIN 22-09-ASC, dated February 14, 2022; PIN 21-38-ASC, dated August 19, 2021; and supersedes PIN 20-23-ASC in part, dated June 26, 2020. This PIN provides updated guidance for Adult and Senior Care (ASC) facility licensees on testing, isolation and quarantine, and masking for facility staff and residents. In addition, this PIN provides updated guidance for Continuing Care Retirement Communities (CCRCs).

Please post/keep this PIN in the facility where all persons in care and facility staff as well as families and representatives of persons in care in the facility can easily access it and distribute the PIN to persons in care and/or, if applicable, their representatives.

In light of the coming end of the COVID-19 State of Emergency (SOE) on February 28, 2023, as announced by the Governor on October 17, 2022, the California Department of Social Services (CDSS) is updating much of its recent guidance to licensees of Adult and Senior Care (ASC) facilities related to the COVID-19 pandemic. This guidance is updated in alignment with recently released California Department of Public Health (CDPH) guidance related to these topics, as appropriate to ASC facilities. The recommendations and requirements covered in this PIN continue to be reassessed by CDPH. This PIN covers the following topics:

- Section I: Daily Screening of Residents and Staff in ASC Facilities
  - Resident Symptom Screening
  - Staff Symptom Screening
- Section II: Testing of Residents and Staff in ASC Facilities
  - Routine Diagnostic Screening Testing of Staff
  - Diagnostic Testing of Symptomatic Staff and Residents
  - Post-Exposure and Response Testing
  - Testing for New and Returning Staff
  - Testing and Quarantine for Asymptomatic Newly Admitted and Returning Residents
- Section III: Isolation of Residents and Staff in ASC Facilities
  - Duration of Isolation for Residents Who Test Positive for COVID-19
  - Providing Care to Residents in Isolation
  - Duration of Isolation for Staff Who Test Positive for COVID-19
- Section IV: Respirators and Masking Requirements in ASC Facilities
- Section V: Reminders and Resources
  - Health Insurance Coverage
  - Continuing Care Retirement Communities (CCRC)
  - Additional Resources

If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, Cal/OSHA, and local health department guidance or health orders, ***licensees should follow the strictest requirements****. However, there may be times where a licensee will need to contact their Regional Office for assistance in reconciling these differences, especially if the strictest requirements appear to be in conflict with the best interest of residents.*

Important! All of the guidance in this PIN applies to all ASC facility types, with the exception of resident-specific guidance that is not applicable at Adult Day Programs (ADPs).

SECTION I: DAILY SCREENING OF RESIDENTS AND STAFF IN ASC FACILITIES

Resident Symptom Screening

In addition to the regulatory requirement of observation of changes in condition, licensees continue to be responsible for observing residents for symptoms of COVID-19, and if symptoms are observed, asking residents if they are experiencing symptoms of COVID-19.

Licensees no longer need to conduct daily temperature checks of residents unless the screening measures above result in concern about COVID-19 symptoms. If there is concern about COVID-19 symptoms, licensees should take appropriate action as specified in this PIN. In addition, written daily assessments are no longer recommended.

Staff Symptom Screening

Licensees should continue to screen staff for COVID-19 signs, symptoms, and exposure daily. Staff screening may be conducted through passive screening measures, which permit staff to self-screen for and self-report potential COVID-19 illness or exposure to the virus. Passive screening measures include, but are not limited, to the following:

- Educating staff on how to self-screen for potential COVID-19 illness, prior to entering the facility.
- Posting signs for staff at facility entrances reminding them to self-screen for COVID-19. Signs should also remind staff not to enter the facility if they are experiencing symptoms of COVID-19, or are not feeling well.
- Communicating with staff about self-screening for COVID-19 through staff meetings, memos, e-mails, company website, and other means used to communicate with facility staff.

When staff report they have tested positive for COVID-19, licensees should take action as specified in Section III: Isolation of Residents and Staff in ASC Facilities.

Note: Passive screening measures also apply to visitors, volunteers, and other individuals who enter the facility.

SECTION II: TESTING OF RESIDENTS AND STAFF IN ASC FACILITIES

COVID-19 diagnostic testing of residents and facility staff remain essential to protect the vulnerable Adult and Senior Care (ASC) population.

When testing is performed, a negative test only indicates an individual did not have detectable infection at the time of testing; individuals testing negative might have COVID-19 infection that is still in the incubation period or could have ongoing or future exposures that lead to infection. As a result, multiple rounds of testing for staff and residents is recommended as described in this PIN, when necessary.

It is important to remember that testing does not replace or preclude other infection prevention and control interventions, including:

- monitoring all facility staff and residents for signs and symptoms of COVID-19;
- masking by facility staff and residents for source control to reduce the spread of large respiratory droplets to others;
- use of Personal Protective Equipment (PPE) by facility staff when recommended, to help reduce the likelihood of breathing in infectious respiratory particles; and
- environmental cleaning and disinfection.

See *Appendix A* for a supplemental table on guidance related to testing of residents and staff in facilities.

Routine Diagnostic Screening Testing of Staff

Licensees are not required to conduct routine diagnostic screening testing for COVID-19 for asymptomatic facility staff, **regardless of vaccination status**.

Please see PIN 22-05.2-ASC, Updated Adult and Senior Care Facility Worker Coronavirus Disease 2019 (COVID-19) Vaccination, Booster, and Testing Requirements, for more information.

Diagnostic Testing of Symptomatic Staff and Residents

Residents or facility staff with signs or symptoms potentially consistent with COVID-19 should be tested immediately to identify current infection, **regardless of their vaccination status**. If antigen testing is used and the first test is negative, the symptomatic individual should be tested again 48 hours after the first negative test, for a total of at least two tests.

Post-Exposure and Response Testing

Post-Exposure Testing
Licensees should immediately conduct post-exposure testing when one (or more) COVID-19 positive individuals (resident or facility staff) are identified in an ASC facility.

Post Exposure Testing consists of finding and testing facility staff who had a high-risk exposure to COVID-19, and residents who were in close contact with an individual with COVID-19 infection (see Table).

	Resident (Close Contact[1], Regardless of Vaccination Status)	**Staff (High-Risk Exposure[2], Regardless of Vaccination Status)**
COVID-19 Testing	Test promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure.	Test promptly (but not earlier than 24 hours after the exposure) and, if negative, again at 3 days and at 5 days after the exposure.
Quarantine/Work Restriction or Exclusion	**Do not need to be quarantined**, restricted to their room, or cared for by facility staff using the PPE recommended for the care of a resident with COVID-19. Exposed residents should wear a mask when outside their room.	**Do not require work restriction or exclusion if they do not develop symptoms or test positive for COVID-19**. Exposed staff who are working during their post-exposure testing period should also wear an N95 respirator for source control at all times while in the facility until they have a negative test result on day 5.

[1]Per CDPH State Public Health Officer Order of October 13, 2022, "Close Contact" means the following:

- In indoor spaces 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's (confirmed by COVID-19 test or clinical diagnosis) infectious period.
- In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.

[2]Per CDC Potential Exposure at Work Guidance dated September 23, 2022, higher-risk exposures are classified as facility staff who had prolonged close contact with a patient, visitor, or facility staff with confirmed COVID-19 infection and:

- Facility staff member was not wearing a respirator (or if wearing a facemask, the person with COVID-19 infection was not wearing a cloth mask or facemask)
- Facility staff member was not wearing eye protection if the person with COVID-19 infection was not wearing a cloth mask or facemask
- Facility staff member was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

Note: Post-exposure testing is not generally recommended for facility staff or residents who have had COVID-19 infection in the last 30 days if they remain asymptomatic. If post-exposure testing or testing of close contacts finds additional COVID-19 cases among facility staff or residents, then testing should be expanded. Expanding the testing to the entire facility or targeting it to group-level (e.g., unit, floor, or other specific area(s) of the facility) and using quarantine for those in the exposed groups may be considered.

Response Testing
If response testing of those with high-risk exposures and close contacts is not effective in identifying all COVID-19 cases, managing an event, or fails to stop transmission, a facility-wide approach with quarantine for exposed groups is recommended. Serial retesting (i.e., response testing) of all residents who test negative in a round of testing, **regardless of their vaccination status**, should be performed every 3-7 days until no new cases are identified among residents in sequential rounds of testing over 14 days.

Investigating COVID-19 Transmission:
Symptomatic residents should generally remain in their current room while undergoing testing as described above. Facilities should avoid movement of residents that could lead to new exposures, for example, moving a resident into a room where one of the new roommates is undergoing testing. Once a positive COVID-19 case is detected, relocation of the resident may be needed to isolate them from those who are not infected.

Residents in the same building or wing who were not identified as close contacts do not need to be included in COVID-19 testing as described above unless the facility is instructed by their local health department to take a building or a facility-wide investigation approach to determine exposures.

Testing for New and Returning Staff

Licensees are not required to conduct testing of new facility staff and facility staff returning from a leave of absence, **regardless of their vaccination status**.

Important! Regardless of their vaccination status, facility staff with symptoms of COVID-19 should not report to work.

Testing and Quarantine for Newly Admitted and Asymptomatic Returning Residents

CDSS has updated testing and quarantine guidance for newly admitted and readmitted residents, **regardless of vaccination status**:

- Newly admitted residents should test for COVID-19 infection immediately upon admission to the facility.

- Testing is **not required** upon return for asymptomatic residents who have left the facility for more than 24 hours. While testing is not required upon return, licensees may consider testing consistent with newly admitted residents when a resident has left the facility for more than 24 hours.
- Testing is **not required** for hospitalized residents who tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to facility admission or readmission and are within 30 days of their infection.
- Licensees should observe residents as indicated above in *Section I: Daily Screening of Residents and Staff in ASC Facilities*.

Important! Quarantine is not required for newly admitted and readmitted residents or for asymptomatic residents returning from a hospitalization.

SECTION III: ISOLATION OF RESIDENTS AND STAFF IN ASC FACILITIES

Duration of Isolation for Residents Who Test Positive for COVID-19

Residents who test positive and are symptomatic with mild to moderate illness should be isolated (**regardless of their vaccination status**) until the following conditions are met:

- At least 10 days have passed since symptom onset; AND
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Any other symptoms have improved
- NOTE: The duration of isolation could be extended to up to 20 days for individuals who had critical illness (e.g., required intensive care) and beyond 20 days for individuals who are moderately to severely immunocompromised (e.g., currently receiving chemotherapy, or recent organ transplant); use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when Transmission-based precautions could be discontinued for these individuals.

Residents who test positive and are asymptomatic should isolate for 10 days from the date of their first positive test, as long as they have not subsequently developed symptoms, in which case the symptoms-based criteria above for discontinuing isolation should be applied.

Important! After recovering from COVID-19, a resident may have a residual cough, which can last days or weeks after any virus. Residents with a cough should wear a face mask when outside their room until resolution of cough and physically distance if in communal settings. If residents with a cough cannot tolerate or remember to keep on the mask, or physical distancing is not possible, please contact the resident's health care provider or the local health department for direction, including if additional isolation is necessary.

Providing Care to Residents in Isolation

Licensees should continue to ensure residents identified with confirmed COVID-19 are promptly isolated. The isolation area ideally includes measures to improve ventilation to reduce risk of transmission to other residents. Licensees that do not have any residents with COVID-19, should have a current infection control plan that addresses isolation protocols, including isolation areas.

When caring for residents who are in isolation, staff should check the resident's general appearance to determine any signs of distress (e.g., sweating, labored breathing, ability to interact, etc.) as often as needed. Also, as often as needed, staff should check the resident for symptoms consistent with COVID-19 in order to quickly detect deterioration in status. Staff should notify the resident's health care provider and, if applicable, their

authorized representative, if the resident's condition worsens or changes. If care includes the need for oxygen, licensees must adhere to facility specific statutes and regulations related to oxygen administration prior to caring for any such residents.

Important! Facility staff should wear the full PPE (i.e., fit-tested N95 respirator, eye protection, gowns, and gloves) and use hand hygiene before donning and after doffing PPE for the care of a resident with COVID-19. Licensees should place signage in the facility on proper PPE donning and doffing

Duration of Isolation for Staff Who Test Positive for COVID-19

For the purposes of this PIN, a critical staffing shortage occurs when there is no longer enough facility staff to safely care for persons in care. Licensees should evaluate based on their circumstances what constitutes not being able to provide safe care.

COVID-19 positive staff who return to work before the routine criteria is met should be asymptomatic or mildly symptomatic with improving symptoms and meeting negative test criteria in the table below. Facilities should refer to CDC guidance for return to work for staff with severe to critical illness or moderately to severely immunocompromised staff.

Licensees should continue anticipating and contingency planning for staffing shortages by adjusting staff schedules, hiring additional staff, rotating staff to positions that support resident care activities, identifying roles that can be cross-covered by those not specifically assigned to a role, and entering into contracts with Home Care Organizations (HCOs) for back-up staffing. The duration of work restrictions and negative test criteria in the table below reflect CDSS recommendations and apply to all staff, **regardless of vaccination status.** Licensees always have the option to implement more protective procedures and follow prior guidance for a longer isolation period (e.g., 10 days) and to require additional negative tests for infected staff or quarantine for exposed staff.

Routine Staffing	Critical Staffing Shortage
• Can return to work after 5 days of isolation with a negative diagnostic test on the day of return or within 24 hours prior to return OR • 10 days of isolation if not tested with a viral test	• Can return to work before 5 days of isolation is completed with a diagnostic test on the day of return or within 24 hours prior to return. • Use most recent diagnostic test result to guide staff placement. • If the most recent test is positive, then staff may provide direct care **only for persons in care with confirmed COVID-19 infection**, preferably in a cohort setting.

Routine Staffing	Critical Staffing Shortage
• To provide an additional layer of safety, these staff should wear a fit-tested N95 respirator for source control through day 10 at the facility and wear at least a surgical mask in public spaces through day 10 of the isolation period.	• Staff must wear a fit-tested N95 respirator for source control at all times within the facility until the isolation period specified above has been completed.

Note: According to the CDC, mild symptoms (illness) mean individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, difficult or labored breathing, or abnormal chest imaging. Severe symptoms (illness) generally mean individuals who have an abnormal respiratory rate (e.g., greater than 30 breaths per minute), lower oxygen saturation rate (e.g., less than 94%), or lung infiltrates greater than 50%. Individuals with severe signs and symptoms of COVID-19 should seek an urgent medical evaluation. Staff who are not providing resident care and are wearing an N95 respirator for source control only should be taught how to do a seal check each time the N95 respirator is put on.

Staff returning to work between days 5-9 after meeting routine return-to-work criteria should wear a fit-tested N95 respirator for source control through at least day 10 from symptom onset or positive test (for staff who remain asymptomatic throughout their infection). Staff whose most recent test is positive and are working before meeting routine return-to-work criteria must maintain separated from other staff as much as possible (for example, use a separate breakroom and restroom) and wear a fit-tested N95 respirator for source control at all times while in the facility until at least 10 days from symptoms onset or positive test (for staff who remain asymptomatic throughout their infection). In addition, the licensee should make N95 respirators available to any staff who wishes to wear one.

Post-exposure testing is not generally recommended for staff who have had a COVID-19 infection in the last 30 days if they remain asymptomatic.

Important! Licensees should consult the local ASC Regional Office and local health department for further guidance when the facility has a critical staffing shortage.

SECTION IV: RESPIRATORS AND MASKING REQUIREMENTS IN ASC FACILITIES

Masks **are required** for individuals (other than residents) in indoor settings at ASC facilities, **regardless of vaccination status,** to continue to control the spread of COVID-19 pursuant to the State Public Health Officer Order (Beyond the Blueprint PHO) of October 13, 2022. Staff are strongly encouraged to wear a mask when accompanying persons in care for outings in the community (e.g., doctor visits; shopping trips). Additionally, licensees may consider encouraging unvaccinated or incompletely vaccinated residents to wear a face mask (a well-fitting surgical mask or double mask is recommended) both inside the facility and when outdoors around others.

Staff who are considered to have met the requirements of an exemption for vaccination or have not yet received their booster dose as specified in PIN 22-05.2-ASC, must wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.

As a reminder, the requirement that all individuals wear a mask is in addition to circumstances when facility staff are required to wear a respirator, for example, as outlined in the table above regarding staff who test positive for COVID-19 (See also Emergency Temporary Standards (ETS) and Cal/OSHA's standards for Aerosol Transmissible Diseases (ATD).

Note: The masking requirement remains unchanged and in effect pursuant to the above PHO, but continues to be reassessed by CDPH.

SECTION V: REMINDERS AND RESOURCES

Health Insurance Coverage

As provided by state law, health plans and insurers must cover the cost of COVID-19 diagnostic tests without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. Further, health plans and insurers cannot require the presence of symptoms or a recent known or suspected exposure, or otherwise impose medical screening criteria on coverage of tests.

Important! The requirement to cover COVID-19 diagnostic and screening testing and health care services related to testing without cost sharing, when delivered by an out-of-network provider, shall remain in effect until the expiration of the federal public health emergency, as specified in Senate Bill 510 (Chapter 729, Statutes of 2021).

The California Department of Managed Health Care (DMHC) released an All Plan Letter (APL) to remind health plans of their obligation to cover COVID-19 testing as specified. Please see DMHC All Plan Letter website for more specific guidance and information to health plans regulated by DMHC.

If you are having trouble accessing a COVID-19 test through your health plan or if you have any questions, please contact the DMHC Help Center at 1-888-466-2219 or visit the DMHC Help Center website (www.HealthHelp.ca.gov).

Continuing Care Retirement Communities (CCRC)

Independent CCRC residents are generally exempt from the screening, testing, isolation, and visitation guidance applied to RCFE residents, except in the following scenarios where the independent CCRC resident is:

- living with a resident who is receiving assisted living services;
- commingling with residents who receive assisted living services or live in assisted living units by, for example, participating in communal dining or activities or using common facility amenities;
- presenting symptoms for COVID-19;
- exposed to a person who tested positive for COVID-19;
- moving into the facility; or
- returning from being treated at a hospital or higher level of care facility.

Additional Resources

The following resources are available online:

- Centers for Disease Control and Prevention (CDC)
  - Coronavirus Disease 2019
- 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
  - Get Tested, California
  - Local health departments

If you have any questions, please contact your local Adult and Senior Care Regional Office.

Appendix A: Testing for Residents and Staff in ASC Facilities

The table below describes the types of COVID-19 testing that should be done for residents and staff regardless of their vaccination status. It outlines when testing applies, what types of tests are required or recommended, and testing frequency. It also covers exceptions to testing.

Note: In all situations in which testing is recommended, Polymerase Chain Reaction (PCR) or antigen testing are acceptable. In cases of a positive test result, see **Section II: Isolation of Residents and Staff in ASC Facilities.**

Testing Type	Routine Diagnostic Screening (Residents)	Routine Diagnostic Screening (Staff)	Diagnostic (Residents/Staff)	Post-Exposure and Response (Residents/Staff)
Testing Applies When:	Residents who do not have signs or symptoms potentially consistent with COVID-19. Testing is done as a safety precaution.	Facility staff who do not have signs or symptoms potentially consistent with COVID-19.	Residents or facility staff who have signs or symptoms potentially consistent with COVID-19.	One (or more) individual (resident or facility staff) identified as positive for COVID-19.
Testing Applies To:	Newly admitted residents	Staff (new, current, or returning from leave of absence)	Symptomatic Staff and Residents	Staff (Higher-Risk Exposure) Residents (High-Risk Close Contact)
Test Required/ Recommended	Recommended	Not required Please see: PIN 22-05.2-ASC	Recommended	Recommended
Testing Frequency	Test immediately upon admission	N/A	Immediately If antigen testing is used and is negative, test again in 48 hours	***Post-Exposure*** Promptly, but not earlier than 24 hours after the exposure) If negative, again at 3 days, and at 5 days after exposure

Testing Type	Routine Diagnostic Screening (Residents)	Routine Diagnostic Screening (Staff)	Diagnostic (Residents/Staff)	Post-Exposure and Response (Residents/Staff)
				Response Continue every 3-7 days until no new cases identified among residents after 14 days
Exceptions	• Not required upon return for asymptomatic residents who have left the facility for more than 24 hours. • While testing is not required upon return, licensees may consider testing consistent with newly admitted residents when a resident has left the facility for more than 24 hours.	N/A	N/A	• Not recommended for facility staff or residents who have had COVID-19 infection in the last 30 days if they remain asymptomatic. • Not recommended for hospitalized residents who tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to facility admission or readmission and are within 30 days of their infection.