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PIN 24-01-ASC  
(Supersedes PIN 23-13-ASC)

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

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

SUBJECT: **UPDATED COVID-19 GUIDANCE ON VACCINATIONS, MASKING, SCREENING, TESTING, ISOLATION, VISITATION, AND INFECTION CONTROL REQUIREMENTS**

**Provider Information Notice (PIN) Summary**

PIN 24-01-ASC supersedes [PIN 23-13-ASC](#), dated June 15, 2023, and provides the latest guidance to ASC licensees on COVID-19 vaccinations, masking, screening, testing, isolation, visitation, and infection control requirements.

This PIN provides the following updates: new CDPH links to guidance on isolation and testing, including Q&As (**Note:** CDPH COVID-19 isolation recommendations have moved away from five days of isolation and instead focus on clinical symptoms to determine when to end isolation); new links to COVID-19 symptoms and masking guidance; resources, and removal of quarantine recommendations for persons in care and staff.

***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.***

The California Department of Social Services (CDSS) is updating its guidance to licensees of ASC facilities related to COVID-19 to appropriately align the guidance with that of other respiratory viruses. COVID-19 guidance is transitioning toward a broader

respiratory virus public health approach as we are now at a different point in time with reduced impacts from COVID-19 compared to prior years. These reduced impacts have been achieved through broad immunity from vaccination and/or natural infection, and readily available treatments for infected people. CDSS and CDPH continue to strongly recommend that all persons remain vigilant in mitigating the spread of COVID-19 and other respiratory infections by following public health recommendations such as staying up to date on COVID-19, influenza, and other recommended vaccinations and receiving treatment (i.e., Paxlovid for COVID-19 infection), if indicated.

This PIN provides the following updates:

- New CDPH links to guidance on isolation and testing including Q&As
  - **Note:** CDPH COVID-19 isolation recommendations have moved away from five days of isolation and instead focus on clinical symptoms to determine when to end isolation.
- New links to COVID-19 symptoms and masking guidance
- Removal of quarantine recommendations for persons in care and staff

This PIN applies to all ASC facility types:

- Adult Day Program
- Adult Residential Facilities
- Adult Residential Facilities for Persons with Special Health Needs
- Community Crisis Homes
- Continuing Care Retirement Communities
- Enhanced Behavioral Supports Homes
- Residential Care Facilities for the Chronically Ill
- Residential Care Facilities for the Elderly
- Social Rehabilitation Facilities

This PIN covers the following topics:

- [Section I: ASC Facility Worker Covid-19 Vaccination Recommendations](#)
- [Section II: Masking \(\*\*Updated!\*\*\)](#)
- [Section III: Screening of Persons in Care and Staff](#)
  - Persons in Care Symptom Screening
  - Staff Symptom Screening
- [Section IV: Testing and Isolation of Persons in Care and Staff](#)
  - Testing and Isolation Recommendations for Persons in Care (**Updated!**)
  - Providing Care to Residents in Isolation
  - Providing Services to Clients/Participants in Isolation (Applies to Adult Day Programs)
  - Testing and Isolation Recommendations for Staff (**Updated!**)
- [Section V: Visitation](#)
  - Screening Protocols
  - Masking (**Updated!**)
  - Visiting a Resident in Isolation and Personal Protective Equipment (PPE)
- [Section VI: ASC Infection Control Requirements](#)

- [Section VII: Additional Resources](#) (**Updated!**)

*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 persons in care.*

## **SECTION I: ASC FACILITY WORKER COVID-19 VACCINATION RECOMMENDATIONS**

There is no COVID-19 vaccination requirement for workers who provide services or work in ASC facilities. Licensees are not required to maintain records of workers' COVID-19 vaccination or exemption status.

CCLD continues to encourage all facility staff to stay up to date with COVID-19 vaccinations as this remains the most important strategy to prevent serious illness and death from COVID-19.

**UPDATED! SECTION II: MASKING**

CDPH has provided masking recommendations in [COVID-19 Isolation Guidance](#) (new link) and [When and Why to Wear a Mask](#) (new link).

**Important!** Wearing a mask continues to be important for those that are [at higher risk for getting very sick from COVID-19](#). As the risk for transmission increases in the community, wearing a mask is an important consideration for ASC facilities where higher risk individuals are present.

As a reminder, there may be masking requirements for facility staff that are more strict than the CDPH guidance above (see also [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#)). Licensees should follow the strictest requirements.

### **SECTION III: SCREENING OF PERSONS IN CARE AND STAFF**

#### Persons in Care Symptom Screening

In alignment with the regulatory requirements to observe for changes in condition, licensees must continue to observe persons in care for [symptoms of COVID-19](#) (new link). If symptoms are observed, ask the person in care if they are experiencing symptoms of COVID-19. If there is concern about COVID-19 symptoms, licensees should take appropriate action as specified in facility specific regulations and this PIN.

#### Staff Symptom Screening

Licensees are encouraged to screen staff for [COVID-19 signs and symptoms](#) (new link), 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 this PIN.

**Note:** Passive screening measures also apply to visitors, volunteers, and other individuals who enter the facility. For best practices related to visitation, please see *Section V: Visitation* below.

#### **SECTION IV: TESTING AND ISOLATION OF PERSONS IN CARE AND STAFF**

COVID-19 testing of persons in care and facility staff remains essential to protect the vulnerable ASC population. It is important to remember that testing is just one layer in a multi-layered approach to COVID-19 harm reduction, which also includes vaccination, mask wearing, improved ventilation, treatment, and respiratory and hand hygiene.

**Important!** Licensees are reminded the testing guidance outlined below differs between persons in care and facility staff. In addition to recommendations from CDPH ([COVID-19 Isolation Guidance](#)) (new link), there are workplace testing requirements ([Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#)) that are applicable to facility staff.

#### **UPDATED!** Testing and Isolation Recommendations for Persons in Care

Effective January 9, 2024, CDPH updated testing and isolation recommendations for the general public, which includes information on close contact and infectious period.

**The CDPH guidance and recommendations apply to all persons in care:**

- [COVID-19 Isolation Guidance](#) (new link)
- [Updated COVID-19 Testing Guidance](#) (new link)

As a reminder, persons in care who are [close contacts](#) (updated link) and do not have symptoms regardless of vaccination status, do not need to be excluded from the Adult Day Program, restricted to their room, or cared for by facility staff using the PPE required for the care of a person in care with COVID-19.

#### **Providing Care to Residents in Isolation (*Applies to ASC Residential Facilities*)**

Licensees should continue to ensure residents identified with confirmed COVID-19 are promptly isolated. The isolation area ideally includes measures to improve ventilation and avoid shared spaces to reduce risk of transmission to other residents. Licensees must have a current infection control plan that addresses [isolation protocols](#) (new link). When caring for residents who are in isolation, staff should check the resident's general appearance to determine any signs of distress (e.g., trouble breathing, blueish or grayish lips, face, or nails, persistent pain or pressure in the chest, new confusion or inability to arouse, new numbness or tingling in the extremities, or other serious symptoms) as often as needed. These emergency warning signs signal a need to call 911 and to get medical attention immediately.

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.

Providing Services to Clients/Participants in Isolation (*Applies to Adult Day Programs*)

Licensees should notify the client's/participant's emergency contact and arrange safe and accessible transportation home for clients/participants or staff showing symptoms of respiratory illness or emergency transportation to a healthcare facility for clients/participants or staff with severe symptoms. Licensees should continue to ensure clients/participants identified with confirmed COVID-19 are promptly isolated. As part of the facility's contagious disease containment measures, licensees should have an isolation room or area (preferably with access to a dedicated restroom) to isolate anyone who begins to have symptoms of a respiratory illness while at the facility. Licensees are encouraged to offer alternative activities for the clients/participants at home due to testing positive for COVID-19 and being in isolation.

**Important!** Facility staff must wear the appropriate PPE (i.e., N95 respirator, and gloves) pursuant to facility specific regulations. Licensees are encouraged to have signage in the facility on proper PPE donning and doffing.

**UPDATED!** Testing and Isolation Recommendations for Staff

Licensees should refer to [CDPH COVID-19 Isolation Guidance](#) (new link) and the [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#) for testing close contacts, outbreak/response testing, work exclusion, and return-to-work criteria. Licensees have the option to implement additional protective procedures ([CDPH Isolation Q&As](#)) (updated link) based on local circumstances for infected or exposed staff.

Licensees should continue to anticipate the need to develop a contingency plan 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.

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



## **SECTION V: VISITATION**

CDSS continues to encourage best practices for visitation related to COVID-19 screening, masking, and PPE as follows:

### Screening Protocols

Screening for COVID-19 [signs and symptoms](#) (new link), and exposure is recommended. The recommended screening may be conducted through passive screening measures that include but are not limited to:

- Posting signs at facility entrances reminding visitors to self-screen for COVID-19. Signage should also remind visitors not to visit if they are experiencing symptoms/not feeling well or have been exposed to COVID-19.
- Educating visitors on how to self-screen prior to entry into the facility.
  - In ASC Residential Facilities, send information to resident representatives and visitors with COVID-19 self-screening information, including the symptoms for COVID-19.

Licensees should exclude any visitors with COVID-19 symptoms.

### **UPDATED!** Masking

- Visitors should review the masking guidance in CDPH's [COVID-19 Isolation Guidance](#) (new link) and [When and Why to Wear a Mask](#) (new link) and mask in accordance with the recommendations.
- As the risk for transmission increases in the community, wearing a mask is an important consideration when visiting an ASC facility where higher risk individuals are present.
- Respirators (e.g., N95s, KN95s, KF94s) with a good fit and good filtration are recommended.

### Visiting a Resident in Isolation and PPE (*Applies to ASC Residential Facilities*)

For residents in isolation, the licensee should provide the visitor with the same type of PPE used by facility staff. A visitor of a resident in isolation does not need a fit tested N95 respirator, but should be instructed on [how to perform a seal check](#).

## **SECTION VI: ASC INFECTION CONTROL REQUIREMENTS**

Licensees must continue to follow regulations related to infection control, prevention and mitigation for communicable diseases in ASC facilities. This includes the requirement for ASC facilities to have an Infection Control Plan that includes, but is not limited to, the following: an infection control training plan, guidelines related to environmental cleaning and disinfection, use of PPE, and hygiene and cough etiquette. Licensees are encouraged to include CDPH recommendations outlined in this PIN as part of their Infection Control Plan.

**Note:** When an emergency, as defined in Government Code [section 8558](#), or federal emergency for a communicable disease is proclaimed or declared, licensees must develop an Emergency Infection Control Plan that includes infection control measures that are not already addressed in the Infection Control Plan, as specified. Licensees should review the regulatory requirements for an Emergency Infection Control Plan pursuant to their facility specific regulations.

The [Residential Infection Control Plan form \(LIC 9282\)](#) and [Adult Day Programs Infection Control Plan \(LIC 9283\)](#) are courtesy forms available to help licensees develop an Infection Control Plan and Emergency Infection Control Plan.

See [PIN 23-12-ASC](#) for additional information and updates that became effective July 1, 2023.

## **UPDATED! SECTION VII: 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](#)
  - [COVID-19 Health Information and Print Resources](#)
  - [Get Tested, California](#)
  - [Local health departments](#)
- National Institutes of Health
  - [Home Test to Treat Program](#)

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