



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



January 8, 2022

AFL 21-08.7

**TO:** General Acute Care Hospitals (GACHs)  
Acute Psychiatric Hospitals (APHs)  
Skilled Nursing Facilities (SNFs)

**SUBJECT:** Guidance on Quarantine and Isolation for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19  
(This AFL supersedes AFL 21-08.6)

### **All Facilities Letter (AFL) Summary**

- The purpose of this AFL is to provide hospitals and SNF with updated guidance on:
  - Exposure risk assessment and work restriction for asymptomatic HCP with SARS-CoV-2 exposures (quarantine)
  - Work restrictions for HCP diagnosed with SARS-CoV-2 infection (isolation)
  - This revision incorporates updated Centers for Disease Control and Prevention (CDC) guidance on Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and Strategies to Mitigate Healthcare Personnel Staffing Shortages.
  - Pursuant to Welfare and Institutions Code section 14126.033 a SNF's receipt of the annual increase in the weighted average Medi-Cal reimbursement rate may be conditioned on the facility's good faith compliance with CDPH AFLs related to the COVID-19 Public Health Emergency, as a result the recommendations included in this AFL are requirements for SNFs.
- From January 8, 2022 until February 1, 2022, HCP who test positive for SARS-CoV-2 and are asymptomatic, may return to work immediately without isolation and without testing, and HCPs who have been exposed and are asymptomatic may return to work immediately without quarantine and without testing. These HCPs must wear an N95 respirator for source control.

With the increasing number of COVID-19 cases from the Omicron variant and in preparation for an anticipated surge in patients, CDC updated their guidance for HCP isolation and quarantine to reflect what is currently known about infection and exposure in the context of vaccination and booster doses. Additionally, CDC updated their guidance for contingency and crisis management to mitigate the effects of staff shortages caused by COVID-19 on patient care. SARS-CoV-2 is an airborne pathogen, infectious persons are commonly asymptomatic, and the Omicron variant is extremely more contagious than the Delta variant.

In AFL 21-08.6, CDPH aligned with CDC's shortened duration of isolation and testing considerations for SARS-CoV-2 infected HCP and consolidated the CDC's conventional, contingency and crisis framework into "routine" and "critical staffing shortage" scenarios to reflect the current status of California healthcare facility staffing levels. At this time, all healthcare facilities should be planning for staffing shortages by adjusting staff schedules, hiring additional HCP, rotating HCP to positions that support patient care activities, identifying roles that can be cross-covered by those not specifically assigned to a role, and developing regional plans to identify designated healthcare facilities or alternate care sites with adequate staffing to care for patients with SARS-CoV-2 infection. The duration

of work restrictions and negative test criteria in the table below reflect CDPH recommendations; facilities and LHDs always have the option to implement more protective procedures and follow prior guidance for a longer (10-day) isolation period for infected or a longer (10-day) quarantine for exposed HCP.

## Temporary Isolation, Quarantine and Return to Work Criteria for HCP

Due to the critical staffing shortages currently being experienced across the health care continuum because of the rise in the Omicron variant, effective January 8, 2022 through February 1, 2022, CDPH is temporarily adjusting the return-to-work criteria. During this time, this guidance will supersede the tables below.

During this time, HCPs who have tested positive for SARS-CoV-2 and are asymptomatic may return to work immediately without isolation and without testing, and HCPs who have been exposed and are asymptomatic may return to work immediately without quarantine and without testing. These HCPs must wear an N95 respirator for source control. Facilities implementing this change must have made every attempt to bring in additional registry or contract staff and must have considered modifications to non-essential procedures.

These HCPs should preferably be assigned to work with COVID-19 positive patients. However, this may not always be possible in settings such as the emergency department in which you may not know which patients are COVID-19 positive or in areas where you may be experiencing extreme staffing shortages.

## Exposure Risk Assessment for HCP

Hospitals should and SNFs must use the CDC's updated risk assessment framework to determine exposure risk for HCP with potential exposure to patients, residents, visitors, and other HCP with confirmed COVID-19 in a health care setting. CDC's updated definition of higher-risk exposure includes use of a facemask by HCP (instead of a respirator) while caring for an infected patient who is not also wearing a facemask or cloth mask. CDC guidance for assessing travel and community-related exposures should continue to be applied to HCP with potential exposures outside of work (e.g., household,) and among HCP exposed to each other while working in non-patient care areas (e.g., administrative offices). For the purpose of contact tracing to identify exposed HCP, the exposure period for the source case begins from two days before the onset of symptoms or, if asymptomatic, two days before test specimen collection for the individual with confirmed COVID-19.

## Isolation, Quarantine and Work Restriction for HCP

The highlighted sections below are temporarily waived from January 8, 2022 to January 21, 2022.

Hospitals should and SNFs must use the table, below, to guide work restrictions for HCP with SARS-CoV-2 infection and for asymptomatic HCP with exposures based upon HCP vaccination status and facility staffing level.

### Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
<b>Boosted, OR Vaccinated but not booster-eligible</b>	<b>5 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test</b>	<b>&lt;5 days with most recent diagnostic test† result to prioritize staff placement‡</b>

Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days* with negative diagnostic test† same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test† result to prioritize staff placement‡
---	---	--

**Work Restrictions for Asymptomatic HCP with Exposures (Quarantine)**

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test† upon identification and at 5-7 days	No work restriction with diagnostic test† upon identification and at 5-7 days
Unvaccinated§, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose§	7 days with diagnostic test† upon identification and negative diagnostic test† within 48 hours prior to return	No work restriction with diagnostic test† upon identification and at 5-7 days

\*Asymptomatic or mildly symptomatic with improving symptoms, and meeting negative test criteria; facilities should refer to CDC guidance for HCP with severe to critical illness or moderately to severely immunocompromised.

† Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP and for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; NAAT is also acceptable if done and negative within 48h of return.

‡ If most recent test is positive, then HCP may provide direct care only for patients/residents with confirmed SARS-CoV-2 infection, preferably in a cohort setting.

§ Includes persons with prior infection.

HCP whose most recent test is positive and are working before meeting routine return-to-work criteria must maintain separation from other HCP as much as possible (for example, use a separate breakroom and restroom) and wear a N95 respirator for source control at all times while in the facility. Similarly, exposed unvaccinated and vaccinated HCP who are booster-eligible but have not yet received their booster dose who are working during their quarantine period should also wear a N95 respirator for source control at all times while in the facility until they meet routine return-to-work criteria. In addition, healthcare facilities should make N95 respirators available to any HCP who wishes to wear one when not otherwise required for the care of patients or residents with suspected or confirmed COVID-19.

These recommendations will be updated as additional information becomes available, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines. This could result in additional circumstances when work restrictions for HCP are recommended.

If you have any questions regarding this AFL, quarantine guidance, or work restrictions, please contact CDPH Healthcare-Associated Infections Program via email at [CovHAI@cdph.ca.gov](mailto:CovHAI@cdph.ca.gov).

If you have any questions about this AFL, please contact your local district office.

Sincerely,

**Original signed by Cassie Dunham**

Cassie Dunham

Acting Deputy Director

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](http://cdph.ca.gov))



Page Last Updated : January 8, 2022