

Protocol for Health Care Personnel (HCP) in Skilled Nursing Facilities(SNF) and Long Term Care Facilities (LTCF)

(HCP interacting with patients for medical, nursing, dental, mental health care; includes patient transport, radiology/lab as, social workers providing direct services, OT/PT/RT and pharmacists)

This protocol aligns with California Department of Public Health (CDPH) Guidance on Isolation, Quarantine and work restrictions for Health Care Personnel.

CDPH issued updated Guidance on Quarantine for HCP exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19. **Action required by Health Care Facilities:**

- I. **Conduct risk assessments for HCP according to 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.**
 - A. Follow CDC guidance for assessing travel and community related exposures of HCP as well as potential exposure of administrative staff in non-patient care areas.
 - B. When contact tracing to identify potentially exposed HCP, the exposure period from 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.
- II. **Assess Isolation, Quarantine and Work Restrictions for HCP**
 - A. Utilize the [Table in AFL-21.08.9](#) to guide work restrictions for HCP with SARS-CoV-2 infection and for asymptomatic HCP with exposure
 - B. Report cases to Riverside County Department of Public Health, For additional information on reporting requirements refer to [AFL 23-09](#)
 - C. Follow CalOSHA COVID Non-Emergency Regulations for what constitutes [a major outbreak](#).
 - D. Follow [AFL 22.13.1](#) for updated guidance on vaccination requirements and COVID testing of HCP and residents.

“Close Contact” exposure:

- In indoor spaces 400,000 or fewer cubic feet per floor (such as home, clinic waiting room, airplane etc.), a 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 a confirmed case's 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), a close contact is defined as being within 6 feet of the confirmed case for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.

Infectious Period:

- For symptomatic confirmed cases, 2 days before the confirmed case had any symptoms (symptom onset date is Day 0) through Days 5–10 after symptoms first appeared AND 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR
- For asymptomatic confirmed cases, 2 days before the positive specimen collection date (collection date is Day 0) through Day 5 after positive specimen collection date for their first positive COVID-19 test.

Masking:

- NOTE: After **April 3, 2023**, masking will only be required in health care settings when COVID transmission meets community thresholds. It is important that workers continue to follow any workplace specific policies required by their employer. For more information regarding Cal-OSHA requirements, please visit https://www.dir.ca.gov/title8/3205_1.html
- During the days following isolation or exposure when masks are worn, all persons should optimize mask fit and filtration ideally through use of surgical masks or respirators.
- In homeless shelters, emergency centers, cooling and heating centers, and state and local correctional facilities and detention centers, masking is required when meeting community transmission thresholds.