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GAVIN NEWSOM
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AFL 20-22.8

June 2, 2021

TO: Long-Term Care Facilities

SUBJECT: Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities
(This AFL supersedes guidance provided in AFL 20-22.7)

All Facilities Letter (AFL) Summary

- This AFL notifies long-term care (LTC) facilities of updated CDPH, Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation.
- This AFL authorizes LTC facilities to temporarily modify their facility's visitation policies in accordance with CMS and CDC COVID-19 guidance when necessary to protect the health and safety of residents, staff, and the public.
- This AFL provides additional CDPH guidance for group activities and communal dining based upon vaccination status of residents.

Background

On April 27, 2021, CDC released updated healthcare infection prevention and control recommendations in response to COVID-19 vaccination, and CMS issued a revised QSO 20-39-NH with updated guidance for visitation, group activities and communal dining in nursing homes accounting for the impact of COVID-19 vaccination. Given progress with COVID-19 vaccination of California skilled nursing facility (SNF) residents and healthcare personnel (HCP), CDPH is revising the visitation, group activity and communal dining guidance for SNFs to further expand opportunities for social interaction and improve quality of life. Additionally, CDPH is consolidating this guidance into a single set of recommendations for all SNFs in all counties, in anticipation of the state moving Beyond the Blueprint for a Safer Economy. CDPH continues to recommend a cautious and gradual lifting of restrictions at SNFs, while remaining vigilant for breakthrough infections and transmission in SNFs through ongoing surveillance and testing.

At this time, vaccinated SNF residents and HCP should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds and poorly ventilated spaces, covering coughs and sneezes, washing hands often, and following guidance for personal protective equipment use and SARS-CoV-2 testing.

General Visitation Guidance

Facilities shall conduct visitation through different means based on the facility's structure and residents' needs for circumstances beyond compassionate care situations, such as in resident rooms, dedicated visitation spaces, and outdoors; however, facilities must adhere to the core principles of COVID-19 infection prevention (PDF) at all times. Visitation must be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. SNFs must also enable visits to be conducted with an adequate degree of privacy and should be scheduled at times convenient to visitors (e.g., outside of regular work hours).

Any visitor entering the facility, **regardless of their vaccination status**, must adhere to the following:

- All visitors, regardless of their vaccination status, must be screened for fever and COVID-19 symptoms and/or exposure within the prior 14 days to another person with COVID-19; if a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit, regardless of their vaccination status.
- All visitors, regardless of their vaccination status, must wear a well-fitting face mask and perform hand hygiene upon entry and in all common areas in the facility; **circumstances when fully vaccinated visitors may remove their face masks when interacting with the resident they are visiting are outlined below.**
- If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP.
- All visitors, regardless of their vaccination status, must follow physical distancing guidelines and maintain at least 6 feet distance from other visitors from different households, as well as from facility staff and other residents; **circumstances when visitors may interact without physically distancing from the resident they are visiting are outlined below.**
- Facilities should limit visitor movement in the facility, regardless of the visitor's vaccination status; for example, visitors should not walk around the hallways of the facility and should go directly to and from the resident's room or designated visitation area.

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children. Facilities should limit the number of visits per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure as many residents as possible are able to receive visitors. Visits should be scheduled for no less than 30 minutes. Longer visits should be supported.

Indoor, In-Room and Large Communal Space Visitation Requirements

Facilities shall allow indoor in-room visitation for:

- All residents, including unvaccinated, partially vaccinated, and fully vaccinated residents (e.g., individual residents who are ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine), in "green" (unexposed or recovered) or "yellow" (exposed or observation status) areas, regardless of the county.

Indoor in-room visitation shall meet the following conditions:

- Indoor visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands), while in the resident's room otherwise, unvaccinated or partially vaccinated visitors and residents should wear well-fitting face masks and maintain 6-ft physical distancing during their visit.
- Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommate's vaccination status.
- Visitors should be provided personal protective equipment (gloves, gown, eye protection and N95 respirator)

and instructed in a N95 respirator seal check for visitation of residents in yellow (exposed or observation status) areas.

Facilities shall also accommodate visitation in large communal indoor spaces such as a lobby, cafeteria, activity room, physical therapy rooms, etc. where 6-ft distancing is possible between visitor-resident groups. Facilities may need to rearrange these spaces or add barriers to separate the space to accommodate the need for visitation of multiple residents. Indoor large communal space visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands) while in designated spaces for visitation that maintain 6-ft distancing between the visitor and facility staff and other residents they are not visiting; otherwise, visits should be conducted with well-fitting face masks during the visit and maintain 6-ft physical distancing.

Continuing Outdoor and Large Indoor Communal Space Visitation Requirements

All facilities must continue to allow outdoor visitation options for all residents, regardless of vaccination status.

Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is preferred and should be offered unless the resident cannot leave the facility, or outdoor visitation is not possible due to precipitation, outdoor temperatures, or poor air quality. Facilities should facilitate scheduled visits on the facility premises (e.g., visits on lawns, patios, and other outdoor areas, drive-by visits, or visit through a window) with 6-ft or more physical distancing between visitor-resident groups, and staff monitoring of infection control guidelines.

Like indoor visits, outdoor visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands) while in designated spaces for visitation that maintain 6-ft distancing between the visitor and facility staff and other residents they are not visiting; otherwise, visits should be conducted with well-fitting face masks during the visit and maintain 6-ft physical distancing.

Other Visitation Options in Addition to Outdoor and Communal Spaces

In addition, to maximize visitation opportunities and keep residents and families connected, facilities are encouraged to:

- Offer alternative means of communication for people who would otherwise visit, including virtual communications (phone, video-communication, etc.).
- Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offer a phone line with a voice recording updated at set times (i.e. daily) with the facility's general operating status, such as when it is safe to resume visits.
- Create/increase listserv communication to update families, such as the status and impact of COVID-19 in the facility.

Communal Dining and Group Activities:

Communal activities and dining may occur in the following manner:

- Fully vaccinated residents who are not in isolation or quarantine may eat in the same room without physical distancing; if any unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others (e.g., limited number of people at each table and with at least six feet between each person).
- Fully vaccinated residents who are not in isolation or quarantine may participate in group/social activities

together without face masks or physical distancing; if any unvaccinated residents are present, then all participants in the group activity should wear a well-fitting face mask for source control and unvaccinated residents should physically distance from others.

When it is not possible to ensure all persons participating in an activity are fully vaccinated (e.g., in break rooms and other common areas where staff or residents may come and go), then all participants should follow all recommended infection prevention and control practices including physical distancing and wearing a well-fitting face mask for source control. As such, activities where participants do not use source control and physical distancing should be carefully planned in advance and monitored so that vaccination status of all participants can be verified and ensured throughout the activity. Facilities should consider, in consultation with their local health department, reimplementing limitations on communal activities and dining based on the status of COVID-19 infections in the facility, e.g., when one or more cases has been identified in facility staff or residents.

Residents Who Leave and Return to the Facility

Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in CDPH and CDC's Interim Public Health Recommendations for Fully Vaccinated People.

- Residents who have prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection while outside the facility should quarantine and be tested immediately and 5–7 days after exposure, regardless of their vaccination status; otherwise, residents who leave for < 24 hours and return to the facility do not routinely need to quarantine and be tested upon return to the facility, regardless of their vaccination status.
- Residents who leave the facility for > 24 hours (including hospital admissions) and return to the facility should be managed similar to new admissions, i.e., fully vaccinated returning residents do not need to quarantine or be tested upon return, but unvaccinated and partially vaccinated returning residents should be quarantined in the yellow-observation area for 14 days and tested prior to return to their usual room in green-unexposed/recovered area.

Non-essential Personnel/Contractors

Non-essential personnel/contractors (e.g., barbers, manicurists/pedicurists) who comply with the same screening testing and universal face mask requirements of the facility; HCP may enter the facility and provide services to residents in appropriate spaces (outdoors, if feasible, or indoors in a well-ventilated area where at least 6-ft distancing can be maintained between residents); non-essential personnel/contractors who enter the facility should be encouraged to seek COVID-19 vaccination through the resources available in their community including the local health department.

Additional Considerations for Pediatric Long-Term Care Facilities

- Visitors are essential for the mental health and developmental needs of pediatric residents. Visitation must be permitted for pediatric residents.
- Involve Child Life workers, parents, legal guardians, or authorized representatives in planning the facility visitation program and the most developmentally appropriate visitation program for each resident, including residents who may not have family who can visit. The visitation program shall provide routine and ongoing visitation to meet each resident's developmental and medical needs.
- Visitors may include parents, legal guardians, or authorized representatives of the pediatric resident and

family, regardless of age. Child visitors must be able to observe the required infection control practices, (e.g., source control, hand hygiene, physical distancing) and should be accompanied by an adult visitor.
- Visitors may also include educational instructors, special education aides, and physical, speech or other therapists and service providers who are referenced in a resident's Individualized Education Plan, Section 504 Plan, Individualized Program Plan, or Community Placement Plan.
- Extended periods of physical contact may be allowed between the pediatric resident and fully vaccinated visitors.
- Encourage COVID-19 vaccination of staff, visitors, and residents who are 12 years or older for Pfizer-Biotech, 18 years or older for Moderna and Johnson & Johnson's Janssen vaccine.

Required Visitation

All facilities must comply with state and federal resident's rights requirements pertaining to visitation. Facilities should follow CDPH and local public health department guidance when implementing visitation policies. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a violation of resident's rights and the facility would be subject to citation and enforcement actions.

Exception to Visitation Restrictions

Regardless of vaccination status the following are exempt from a facility's visitation restrictions and may have access to a resident in any zone:

- Healthcare workers: Facilities should follow CDC guidelines for limiting access to the facility to healthcare workers. Healthcare workers, including those from the local county public health offices, should be permitted to come into the facility if they meet the CDC guidelines for healthcare workers. For purposes of this AFL, health care workers include employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.
- Surveyors: CMS constantly evaluates surveyors and CDPH requires testing of their surveyors consistent with same schedule as staff members of the facilities they visit to ensure they do not pose a transmission risk when entering the facility.
- Ombudsman: Facilities must permit ombudsman in the facility. Ombudsman are required to be asymptomatic and CDPH recommends that ombudsman be tested consistent with same schedule as staff members of the facilities they visit to ensure they do not pose a transmission risk when entering the facility.
- Students: Students obtaining their clinical experience as part of an approved nurse assistant, vocational nurse, registered nurse, pharmacy, social work or other healthcare training program should be permitted to come into the facility if they meet the CDC guidelines for healthcare workers. Students entering the facility routinely must participate in the facility wide screening testing.
- Compassionate care visitation: For permitted visitors, visits should be conducted using physical distancing; however, if the facility and visitor identify a way to allow for personal contact during compassionate care visitation, visitors must be screened for COVID-19 symptoms, wear a well-fitting face mask while in the building, restrict their visit to the resident's room or other location designated by the facility, and be reminded by the facility to frequently perform hand hygiene. For a definition of the type of visits that constitute compassionate care visitation please refer to CMS guidance QSO 20-39-NH (PDF).
    - Facilities should consider testing compassionate care visitors who have physical contact with COVID-19 positive residents.
- Legal matters: Visitors must be permitted for legal matters that cannot be postponed including, but not limited to, voting, estate planning, advance health care directives, Power of Attorney, and transfer of property title if these tasks cannot be accomplished virtually.
- Protection and Advocacy (P&A) programs: Any representative of a P&A program must be permitted immediate access to a resident, which includes the opportunity to regularly meet and communicate privately with the resident, both formally and informally, by telephone, mail, and in-person.
- Individuals authorized by federal disability rights laws: Facilities must comply with federal disability rights

laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

- For example, if a resident requires assistance to ensure effective communication (e.g., qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the facility to interpret or facilitate, with some exceptions.
- This would not preclude facilities from imposing legitimate safety measures necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

In circumstances where this guidance does not clearly apply, the facility leadership should work with the local health department to develop an individualized plan of action.

All persons exempt from visitor restrictions are still subject to screening for fever and COVID-19 symptoms, must wear a well-fitting face mask, perform hand hygiene when in the facility and comply with core principles of infection control and prevention.

Use of Civil Money Penalty (CMP) Funds

CDPH encourages facilities apply to use CMP funds to help facilitate visitation, such as purchasing communicative devices (e.g., tablets or webcams), to help residents stay connected with their loved ones. CMS will now approve use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar products) to create a physical barrier to reduce the risk of transmission during-in person visits. Funding for tents and clear dividers is limited to a maximum of $3000 per facility. This grant opportunity is in addition to the communicative technology CMP grant that was made available previously.

Please see AFL-20-77 for additional information on applying for CMP funds.

CDPH will continuously review the scientific literature and CDC guidance for updates on vaccine effectiveness in the SNF resident population, how much the vaccines reduce transmission, how long protection lasts, and efficacy of the vaccines against new SARS-CoV-2 variants. As data emerge to support vaccination coverage levels among SNF residents and HCP that could allow further lifting of restrictions, CDPH will update this AFL.

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

Sincerely,

Original signed by Cassie Dunham

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