



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

February 14, 2022

PIN 22-09-ASC

TO: ADULT AND SENIOR CARE PROGRAM LICENSEES

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

SUBJECT: **UPDATED GUIDANCE ON QUARANTINE AND ISOLATION FOR FACILITY STAFF EXPOSED TO COVID-19 AND RETURN TO WORK FOR FACILITY STAFF WHO TEST POSITIVE FOR CORONAVIRUS DISEASE 2019 (COVID-19)**

**Provider Information Notice (PIN) Summary**

PIN 22-09-ASC updates quarantine and isolation guidance for Adult and Senior Care (ASC) facility staff based on staff vaccination status and facility staffing levels.

***Please post/keep this PIN in the facility where persons in care can easily access it and distribute the PIN Summary for Persons in Care (located at the end of this PIN) to persons in care and/or, if applicable, their authorized representatives.***

***NEW! All COVID-19 ASC PINs are organized by topic on a new page that can be accessed from the [COVID-19 Landing Page](#), under the ASC Program PIN banner. This page is titled [ASC COVID-19 PINs Organized by Topic](#). PINs are also organized by number and available directly under both the ASC Program PIN banner and the [ASC PINs](#) page.***

With the increasing number of COVID-19 cases from the Omicron variant, the [California Department of Public Health \(CDPH\)](#) and [Centers for Disease Control and Prevention \(CDC\)](#) updated their guidance for isolation and quarantine to reflect what is currently known about infection and exposure in the context of vaccination and booster doses.

The duration of work restrictions and negative test criteria in the tables below reflect the California Department of Social Services (CDSS) recommendations based on CDPH and CDC guidance.

**Important!** Licensees may implement more protective procedures and follow prior guidance for a longer (10-day) isolation period for infected facility staff or a longer (10-day) quarantine for exposed facility staff as indicated in [PIN 21-23-ASC](#).

As a reminder, CDSS issued [PIN 22-05-ASC](#), dated February 5, 2022, which notified all ASC licensees of updated COVID-19 vaccination and booster requirements for all workers of ASC facilities (i.e., facility staff), pursuant to the [State Public Health Officer Order of December 22, 2021](#) (updated January 25, 2022). All workers who provide services or work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose, and are not otherwise exempt, are required to:

- Have the first dose of a one-dose regimen or the second dose of a two-dose regimen by November 30, 2021.
- Be fully vaccinated and receive a booster dose for COVID-19 by no later than March 1, 2022, if eligible. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe for receiving the booster dose.

## **ASSESSING FACILITY STAFF EXPOSURE TO COVID-19**

Licensees should use the [CDC's updated risk assessment framework](#) to determine exposure risk for facility staff with potential exposure to residents, visitors, and other facility staff with confirmed COVID-19.

Exposure to COVID-19 generally means an individual had a prolonged close contact with a COVID-19 positive person (i.e., within six (6) feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period). However, some circumstances could increase the risk of exposure even if the duration of the exposure was less than 15 minutes (e.g., being in a confined space that is not well-ventilated, performance of care or procedures on persons in care that generate more respiratory aerosols).

For the purpose of contact tracing to identify exposed facility staff for response testing, 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.

**Important!** Fully vaccinated facility staff should follow CDC travel recommendations for safer domestic and international travel during the COVID-19 pandemic. The guidance includes recommendations for testing and quarantine and can be found on the CDC

webpages for [Domestic Travel During COVID-19](#) and [International Travel During COVID-19](#).

## **ISOLATION, QUARANTINE AND WORK RESTRICTION FOR FACILITY STAFF**

**Isolation** is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others.

**Quarantine** is a strategy used to prevent transmission of COVID-19 by keeping people who have been in [close contact](#) with someone with COVID-19 apart from others.

Licensees should use the tables below to guide work restrictions for asymptomatic staff with COVID-19 infection and for asymptomatic staff with exposures based upon staff vaccination status and facility staffing level.

In general, asymptomatic staff who have had an exposure do not require work restriction if they have received all recommended COVID-19 vaccine doses, including booster dose, and do not develop symptoms or test positive for COVID-19.

### **Work Restrictions for Staff with COVID-19 Infection (Isolation)**

Licensees should notify the local ASC Regional Office and local health department when the facility has a critical staffing shortage.

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

Staff who return to work before the traditional criteria are met should be asymptomatic at the time they return to work or if mildly symptomatic should have been fever free without the use of antipyretics (medication that reduces fever) for 24 hours and symptoms have improved.

<b>Vaccination Status</b>	<b>Routine Staffing</b>	<b>Critical Staffing Shortage</b>
Boosted, OR Vaccinated but not booster-eligible	<ul style="list-style-type: none"><li>• 5 days of isolation with a negative diagnostic test on the day of return or within 24 hours prior to return OR</li><li>• 10 days of isolation if not tested with a viral test OR</li></ul>	<ul style="list-style-type: none"><li>• Less than 5 days of isolation with a diagnostic test on the day of return or within 24 hours prior to return.</li><li>• Prioritize staff placement based on staff member's most recent diagnostic test result. If the most recent test is positive, then</li></ul>

Vaccination Status	Routine Staffing	Critical Staffing Shortage
	<ul style="list-style-type: none"> <li>• 20 days of isolation if the staff member had severe symptoms or is immunocompromised, using a test-based strategy (see Note below).</li> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has been completed.</li> </ul>	<p>staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</p> <ul style="list-style-type: none"> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has been completed.</li> </ul>
<p>Unvaccinated with exemption, OR Vaccinated and booster-eligible but have not yet received their booster dose</p>	<ul style="list-style-type: none"> <li>• 7 days of isolation with a negative diagnostic test on the day of return or within 24 hours prior to return OR</li> <li>• 10 days of isolation if not tested with a viral test OR</li> <li>• 20 days of isolation if the staff member had severe symptoms or is immunocompromised, using a test -based strategy (see Note below).</li> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• 5 days of isolation with a diagnostic test on the day of return or within 24 hours prior to return.</li> <li>• Prioritize staff placement based on staff member’s most recent diagnostic test result. 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.</li> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> </ul>

Vaccination Status	Routine Staffing	Critical Staffing Shortage
	infection, preferably in a cohort setting. <ul style="list-style-type: none"> <li>Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has ended.</li> </ul>	<ul style="list-style-type: none"> <li>Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has ended.</li> </ul>

**Note:** According to the [CDC](https://www.cdc.gov), 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%. Staff who are not providing resident care and are wearing an N95 for source control only should be taught [how to do a seal check](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf) ([www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf)) each time the N95 is put on.

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

Vaccination Status	Routine Staffing	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	<ul style="list-style-type: none"> <li>No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>	<ul style="list-style-type: none"> <li>No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>
Unvaccinated with exemption, OR Vaccinated and booster-eligible but have not yet received their booster dose	<ul style="list-style-type: none"> <li>7 days of quarantine with a negative diagnostic test upon identification of exposure and negative diagnostic test within 48 hours prior to return</li> </ul>	<ul style="list-style-type: none"> <li>No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>

Work restrictions should still be considered for facility staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine, following an exposure.

**Important!** Licensees should reach out to the local ASC Regional Office if the above recommendations are not sufficient in relieving critical staffing shortages. Licensees seeking assistance from the local ASC Regional Office must have made every attempt to bring in additional registry or contract staff and must have considered modifications to non-essential procedures.

**Facility Staff Who Return to Work Before Meeting Routine Return-to-Work Criteria During Periods of Critical Staffing Shortages**

Facility staff whose most recent test is positive and are working before meeting routine return-to-work criteria must maintain separation from other staff as much as possible (for example, use a separate breakroom and restroom). Facility staff whose most recent test is positive who are working during their isolation period, and exposed unvaccinated and vaccinated staff who are booster-eligible but have not yet received their booster dose who are working during their quarantine period, must wear an N95 respirator for source control at all times while in the facility until they meet routine return-to-work criteria. In addition, licensees should make N95 respirators available to any staff member who wishes to wear one when not otherwise required for the care of persons in care with suspected or confirmed COVID-19, or if required by the local health department. To the extent that they are already applicable, facilities must continue to adhere to [Cal/OSHA requirements](#).

If you have any questions, please contact your local [ASC Regional Office](#).

### **PIN Summary for Persons in Care**

#### **A Companion Guide for Provider Information Notice (PIN) 22-09-ASC, Updated Guidance on Quarantine and Isolation for Facility Staff Exposed to COVID-19 and Return to Work for Facility Staff who Test Positive for Coronavirus Disease 2019 (COVID-19)**

We prepared this **Summary for Persons in Care** as a companion to PIN 22-09-ASC to inform you of guidance we provided to your care providers concerning your care.

With the increasing number of COVID-19 cases from the Omicron variant, the California Department of Social Services (CDSS) is updating quarantine and isolation guidance for Adult and Senior Care (ASC) facility staff.

As a reminder, CDSS issued [PIN 22-05-ASC](#), dated February 5, 2022, which notified all ASC licensees of updated COVID-19 vaccination and booster requirements for all workers of ASC facilities (i.e., facility staff), pursuant to the [State Public Health Officer Order of December 22, 2021](#) (updated January 25, 2022). All workers who provide services or work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose, and are not otherwise exempt, are required to:

- Have the first dose of a one-dose regimen or the second dose of a two-dose regimen by November 30, 2021.
- Be fully vaccinated and receive a booster dose for COVID-19 by no later than March 1, 2022, if eligible. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe for receiving the booster dose.

#### **ISOLATION, QUARANTINE AND WORK RESTRICTION FOR FACILITY STAFF**

The licensee of your facility should use the tables below to guide work restrictions for staff based upon their vaccination status and facility staffing level.

Staff who return to work before the traditional criteria are met should be asymptomatic at the time they return to work or if mildly symptomatic should have been fever free without the use of antipyretics (something that reduces fever) for 24 hours and symptoms have improved.

**Work Restrictions for Staff with COVID-19 Infection (Isolation)**

<b>Vaccination Status</b>	<b>Routine Staffing</b>	<b>Critical Staffing Shortage</b>
<p>Boosted, OR Vaccinated but not booster-eligible</p>	<ul style="list-style-type: none"> <li>• 5 days of isolation with a negative diagnostic test on the day of return or within 24 hours prior to return OR</li> <li>• 10 days of isolation if not tested with a viral test OR</li> <li>• 20 days of isolation if the staff member had severe symptoms or is immunocompromised, using a test-based strategy (see Note below).</li> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has been completed.</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 5 days of isolation with a diagnostic test on the day of return or within 24 hours prior to return.</li> <li>• Prioritize staff placement based on staff member's most recent diagnostic test result. 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.</li> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has been completed.</li> </ul>
<p>Unvaccinated with exemption, OR Vaccinated and booster-eligible but have not yet received their booster dose</p>	<ul style="list-style-type: none"> <li>• 7 days of isolation with a negative diagnostic test on the day of return or within 24 hours prior to return OR</li> <li>• 10 days of isolation if not tested with a viral test OR</li> <li>• 20 days of isolation if the staff member had severe symptoms or is immunocompromised,</li> </ul>	<ul style="list-style-type: none"> <li>• 5 days of isolation with a diagnostic test on the day of return or within 24 hours prior to return.</li> <li>• Prioritize staff placement based on staff member's most recent diagnostic test result. If the most recent test is positive, then staff may provide direct care only for persons in care with</li> </ul>



Vaccination Status	Routine Staffing	Critical Staffing Shortage
	<p>using a test-based strategy (see Note below).</p> <ul style="list-style-type: none"> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has ended.</li> </ul>	<p>confirmed COVID-19 infection, preferably in a cohort setting.</p> <ul style="list-style-type: none"> <li>• If unable to test prior to return, then staff may provide direct care only for persons in care with confirmed COVID-19 infection, preferably in a cohort setting.</li> <li>• Staff must wear an N95 respirator for source control at all times within the facility and wear a mask in public until the isolation period has ended.</li> </ul>

**Note:** According to the [Centers for Disease Control and Prevention](https://www.cdc.gov/covid-19/about/covid-19-symptoms.html), mild symptoms of COVID-19 include fever, cough, sore throat, malaise, headache, or muscle pain without shortness of breath, difficult or labored breathing, or abnormal chest imaging. Severe symptoms include 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%.

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

Vaccination Status	Routine Staffing	Critical Staffing Shortage
<p>Boosted, OR Vaccinated but not booster-eligible</p>	<ul style="list-style-type: none"> <li>• No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>	<ul style="list-style-type: none"> <li>• No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>
<p>Unvaccinated with exemption, OR Vaccinated and booster-eligible but have not yet received their booster dose</p>	<ul style="list-style-type: none"> <li>• 7 days of quarantine with a negative diagnostic test upon identification of exposure and negative diagnostic test within 48 hours prior to return</li> </ul>	<ul style="list-style-type: none"> <li>• No work restriction if staff member tests negative with a diagnostic test upon identification of exposure and tests negative again at 5-7 days after exposure</li> </ul>

**Facility Staff Who Return to Work Before Meeting Routine Return-to-Work Criteria During Periods of Critical Staffing Shortages**

- Facility staff whose most recent test is positive and are working before their routine isolation is complete must maintain separation from other staff as much as possible (for example, use a separate breakroom and restroom) and wear an N95 respirator at all times while in the facility.
- Exposed staff who are either (1) unvaccinated or (2) vaccinated and booster-eligible but have not yet received their booster dose and who are working during their quarantine period must also wear an N95 respirator at all times while in the facility until they meet the criteria in the table above.

***Your care providers, the licensee of your facility, and the [Ombudsman](#) (call 1-800-510-2020) are available to answer your questions.***