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PIN 21-12-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: *Original signed by Ley Arquisola*
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SUBJECT: **RESIDENT ISOLATION AND COHORTING, STAFFING, PERSONAL
PROTECTIVE EQUIPMENT, AND FACE COVERINGS**

Provider Information Notice (PIN) Summary

PIN 21-12-ASC provides updated guidance to Adult and Senior Care (ASC) residential licensees related to resident isolation and cohorting, staffing considerations based on the residents' COVID-19 status, use of Personal Protective Equipment (PPE), N95 respirators, and required use of face coverings.

Please post this PIN in the facility where residents can easily access it and distribute the Resident Fact Sheet (located at the end of this PIN) to residents and, if applicable, their representatives.

This PIN provides updated guidance and direction to licensees related to resident isolation and cohorting, staffing considerations based on residents' COVID-19 status, use of PPE, N95 respirators, and required use of face coverings. The following chart is available as a resource for licensees:

- [COVID-19 PPE, Resident Isolation and Cohorting, and Staffing Considerations by Resident COVID-19 Status.](#)

Isolating and Cohorting Residents Based on COVID-19 Status

The following supersedes past guidance on resident cohorting provided during an informational call on May 21, 2020 (see [PIN 20-19-ASC](#)).

Licensees should utilize cohorts (or groups) to the extent possible to minimize the risk of COVID-19 infection in facilities. Cohorting means grouping residents based on similar COVID-19 related characteristics.

Examples of resident cohorts include, but are not limited to the following:

- **“Red” Area:** COVID-19 positive residents
- **“Yellow-Person Under Investigation (PUI)”:** Symptomatic residents, suspected COVID-19, and awaiting test results
 - **Note:** Quarantine each resident in a single room if possible, since cohorting residents based on symptoms alone could result in inadvertent mixing of residents who are COVID-19 positive with residents who have symptoms of a non-COVID-19 illness.
- **“Yellow-Exposed” Status:** Residents who had [close contact](#) with or been in an area staffed by a person who is COVID-19 positive
- **“Yellow-Observation” Status:** Newly admitted or re-admitted residents under observation
 - **Note:** Place each newly admitted or re-admitted resident in a single room if possible.
- **“Green” Status:** Residents with no known exposure or residents who are COVID-19 recovered

Cohorting avoids contact with others in the facility outside of their cohort. For example, stagger mealtime or activities so no two cohorts are in the communal areas at the same time. Licensees should isolate and/or cohort COVID-19 positive residents (“red” area) and then evaluate exposure status of other residents in the facility.

These practices decrease opportunities for exposure to or transmission of the virus; facilitate more efficient contact tracing in the event of a positive case; and allow for targeted testing, quarantine, and isolation of individuals in a single cohort instead of everyone in the entire facility in the event of a positive case or cluster of cases.

When caring for residents in the “Red” area or “Yellow” cohorts that do not have higher level of care needs (e.g., non-urgent care needs), consult with the resident’s primary care physician about keeping the resident in the facility to avoid admitting the resident to the hospital. If care needs are for oxygen only, the licensee must consult with the resident’s primary care physician about ordering oxygen for the resident and the immediate need for intermittent clinical staff if not already available. If oxygen therapy is provided on site, an appropriately skilled professional should monitor the resident’s oxygen values with a pulse oximeter. If available, communicate with clinical staff onsite

(i.e., home health or hospice staff) as soon as possible to keep the resident at the facility.

Staffing Considerations and PPE

Designate certain staff to care specifically for COVID-19 positive residents (“red” area), and different staff to care for residents of other cohorts.

If possible, the COVID-19 positive cohort (“red” area) should be housed in a separate area of the facility. If that is not possible, staff caring for COVID-19 positive residents (“red” area) should have a separate restroom and breakroom to ensure they are not interacting with staff dedicated to caring for non-COVID positive residents.

Staff caring for COVID-19 positive residents (“red” area) must wear the appropriate PPE in isolation and quarantine areas (see [COVID-19 PPE, Resident Isolation and Cohorting, and Staffing Considerations by Resident COVID-19 Status](#) chart below for recommended PPE). Every effort should be made to ensure consistency in staff assignments so that staff working with COVID-19 positive residents (“red” area) are able to optimize PPE use and reduce exposure risk to other staff and residents.

For cohorts *without* COVID-19 positive residents (“red” area), dedicated staffing for each cohort is ideal. If staff shortages require the same staff to care for both positive and negative residents, ensure the workflow is always starting with caring for negative residents first then moving to positive residents, and staff change PPE (i.e., N95 respirators, eye protection, gloves, and gowns) and perform hand hygiene between contact and/or caregiving for each resident.

Facility staff shortages have a direct impact on the health and safety of residents. Licensees must have enough staff to meet resident needs and should have a plan ready to implement in the event of a staffing shortage. A plan for alternate staffing can include, but is not limited to, the following:

- Relocate staff from a sister facility
- Hire new staff
- Use of a temporary staffing agency
- Use of a Home Care Organization (See [PIN 20-19-CCLD](#) for a [list of Home Care Organizations](#) available)

Licensees needing additional assistance with staffing should contact the Regional Office.

N95 Respirators versus KN95 Respirators

N95 respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will reduce the wearer’s exposure to airborne particles, from small particle aerosols to large droplets, when used properly and within the context of a Cal/OSHA-

compliant respiratory protection program. Some of the requirements of such a program include:

- A written program delineating the employer's procedures for respirator use
- A designated person responsible for implementing and evaluating the program
- Medical clearance for respirator users to ensure they can wear a respirator safely
- Fit testing procedures for tight-fitting respirators to ensure they provide reliable protection for each individual user
- Employee training on respirator use and limitations

KN95 respirators are an international type of respirator that are not NIOSH approved. They would likely not provide the same level of protection and Cal/OSHA does not allow their use where a respirator is required.

N95 respirators must be worn by:

- Staff caring for COVID-19 positive residents ("red" area)
- Staff caring for residents in "yellow" cohorts as indicated by the [COVID-19 PPE, Resident Isolation and Cohorting, and Staffing Considerations by Resident COVID-19 Status](#) chart if supplies are sufficient.

If a facility does not have a full respiratory protection program in place and is likely to house COVID-19 positive residents ("red" area), they should move forward to establish a program as soon as possible. In the interim, if N95 respirators are available in sizes and models that fit closely to the face, they will provide more protection than facemasks, even if not fit tested. Cal/OSHA has issued a [list of N95 vendors](#) with available supplies.

Licensees who have acquired KN95 respirators via Regional Office distribution or other sources may continue to use KN95 respirators for source control but not for facility staff who are caring for COVID-19 positive residents ("red" area) or residents in a "yellow" cohort. In these circumstances, facility staff must wear N95 respirators.

CCLD provided additional information on respirator fit testing in [PIN 21-10-ASC](#).

Use of Face Coverings

Required Use of Face Coverings for Staff

All staff are required to wear face coverings (unless required to wear an N95 respirator). Face coverings are used for source control and are not considered PPE. The [mandated use of a face covering](#) is in addition to six (6) feet physical distancing (when not providing direct care), handwashing, and other infection control measures.

Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others must wear a non-restrictive

alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it. Any employee not wearing a face covering must have a documented qualified exemption. **This applies to all staff in ASC facilities.**

Individuals without face coverings should not be assigned to provide direct care and must remain at least six (6) feet apart from all other persons.

Face Coverings for Residents

Licensees must remind residents that they are required to abide by the public health order to wear face coverings at all times when they leave the facility. While at the facility, residents should wear face coverings while outside their room, when individuals are inside their room, and when outdoors and within six (6) feet of others. Exceptions to the face covering mandate for residents are specified in the [guidance issued by CDPH](#).

Additional Information

Additional information regarding the use of PPE and face coverings, cohorting and isolation, and other COVID-19 guidelines for community care licensees can be found at the [Community Care Licensing Division COVID-19 landing page](#) under *Additional Resources*.

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

**California Department of Social Services, Community Care Licensing Division
 Adult and Senior Care Residential Program
 COVID-19 PPE, Resident Isolation and Cohorting, and Staffing Considerations by Resident COVID-19 Status**

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow-Person Under Investigation (PUI), Single Room if Available)***	COVID Exposed Residents (Yellow-Exposed)***	Newly Admitted or Re-Admitted Residents Under Observation (Yellow-Observation)***	Residents with No Known Exposure, or COVID Recovered (Green Area)
N95 respirator *	Yes	Yes	Yes	Yes	No
Facemask *	Only if N95 not available	Only if N95 not available	Only if N95 not available	Only if N95 not available	Yes
Eye Protection *	Yes	Yes	Yes	Yes	Yes
Gowns	Yes Extended use** permitted in supply crisis, except for residents with known multidrug resistant organism (MDRO) such as <i>C. difficile</i> or CRE. Maintain clean areas where gowns are not worn, such as a main workstation.	Yes Extended use** NOT recommended. When gowns in short supply, may dedicate gown for each resident and keep in room.	Yes Extended use** NOT recommended. When gowns in short supply, may dedicate gown for each resident and keep in room.	Yes Extended use** NOT recommended. When gowns in short supply, may dedicate gown for each resident and keep in room.	As needed per infection control standard precautions

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow-Person Under Investigation (PUI), Single Room if Available)***	COVID Exposed Residents (Yellow-Exposed)***	Newly Admitted or Re-Admitted Residents Under Observation (Yellow-Observation)***	Residents with No Known Exposure, or COVID Recovered (Green Area)
Gloves with hand hygiene before donning and after doffing gloves	Yes, upon room entry and between providing care for residents (if more than one resident in a room).	Yes, upon room entry and between providing care for residents (if more than one resident in a room).	Yes, upon room entry and between providing care for residents (if more than one resident in a room).	Yes, upon room entry and between providing care for residents (if more than one resident in a room).	As needed per infection control standard precautions.
Resident placement and movement considerations	<p>Isolate residents with confirmed positive COVID test per CDC guidelines.</p> <p>When recovered, these residents can be cohorted with COVID-negative COVID recovered residents.</p>	<p>While awaiting test results, isolate resident in a single room if available; otherwise, leave in current room with as much space as possible (six (6) or more feet recommended) between beds and curtains drawn.</p> <p>Do not cohort with COVID positive residents until test results confirm COVID-19 positive.</p>	<p>Isolate in single room or cohort with other exposed residents.</p> <p>Do not cohort with residents who have not been exposed until after 14 days of quarantine with or without testing.</p>	<p>Do not mix newly admitted or re-admitted residents with any other residents.</p> <p>These residents may be cohorted with COVID-19 negative residents after 14 days of quarantine with or without testing.</p>	<p>Cohort with no exposure residents or with COVID recovered residents. Wait 14 days until placing newly admitted or re-admissions after hospitalization with no exposure or COVID-recovered residents.</p>

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow-Person Under Investigation (PUI), Single Room if Available)***	COVID Exposed Residents (Yellow-Exposed)***	Newly Admitted or Re-Admitted Residents Under Observation (Yellow-Observation)***	Residents with No Known Exposure, or COVID Recovered (Green Area)
<p>Staffing considerations</p> <p>Important! If staff cannot be dedicated to one area, care activities should be grouped so that caregiving starts with residents who are the least likely to be COVID-19 positive and last to the residents more likely to be COVID 19 positive.</p>	<p>Dedicate staff to care for COVID positive residents; provide separate staff areas (e.g., restroom and breakroom) to ensure no co-mingling with staff dedicated to caring for non-COVID positive residents.</p> <p>If necessary to maintain dedicated staffing for a small number of positive residents, dedicated staff can continue to care for COVID positive recovered residents but cannot care for those residents with no known exposure.</p> <p>If staffing crisis, asymptomatic positive staff may care for COVID-19+ residents, only.</p>	<p>Dedicated staffing ideal, but if not feasible, ensure staff understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities so that staff can care for all residents being observed for COVID positive status, and then follow hand hygiene procedures and change of PPE before caring for other residents.</p>	<p>Dedicated staffing ideal, but if not feasible, ensure staff understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities so that staff can care for all residents who have been exposed and then follow hand hygiene procedures and change of PPE before caring for newly admitted or re-admitted residents or residents with no exposure.</p>	<p>Dedicated staffing ideal, but if not feasible, ensure staff understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities so that staff can care for all newly admitted and re-admitted residents and then follow hand hygiene procedures and change of PPE before caring for those residents who have been exposed.</p>	<p>Dedicated staffing ideal, but if not feasible, ensure staff understand need to change gloves and gowns (if used) and perform hand hygiene between residents.</p> <p>Consider grouping care activities so that staff can care for COVID negative residents before caring for residents who are newly admitted or re-admitted, have been exposed or are COVID positive.</p>

* Extended use may be implemented for facemask (source control), N95 respirator, and eye protection (goggles or face shield) during supply shortage. Extended use refers to the practice of wearing the same facemask/N95 respirator/goggles/face shield for repeated close contact encounters with different residents, without removing between resident encounters, typically in a cohort setting. When practicing extended use of N95 respirators, the maximum recommended extended use period is 8-12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. Respirators should be removed and carefully stored in a clean paper bag before activities such as meals, restroom breaks, and other breaks and then re-donned and worn through the remainder of the shift. The respirator must be discarded if at any time it becomes contaminated or does not fit or function correctly.

[Current Cal/OSHA guidelines](#) (PDF) do not permit re-use of N95 respirators, which includes the 3-5 day rotation strategy and use of disinfected respirators.

** Extended use and reuse of gowns can transmit MDRO and should be avoided if possible (i.e., these are crisis strategies). Extended use of gowns refers to the practice of wearing the same gown by the same staff member when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location, only if residents do not have other diagnoses transmitted by contact (e.g., *C. difficile*, *C. auris*). If the gown becomes visibly soiled, it must be removed and discarded. When extended use of gowns is practiced, e.g., on a dedicated COVID-19 positive cohort, gowns should **not** be worn in clean areas in the facility, e.g., supply room, breakrooms, etc.

***Residents who are symptomatic with suspected COVID pending test results, COVID exposed residents, and newly admitted and re-admitted residents under observation should be cohorted in different areas of the yellow zone based on their COVID status.

Resource: [Summary of Strategies to Optimize Use of PPE in Presence of Shortage](#)

Resident Fact Sheet

A Companion Guide for Provider Information Notice (PIN) 21-12-ASC, Resident Isolation and Cohorting, Staffing, Personal Protective Equipment, and Face Coverings

The Department of Social Services prepared this **Resident Fact Sheet** as a companion to **PIN 21-12-ASC** to inform you of guidance we provided to your care providers concerning your care.

PIN 21-12-ASC provides guidance to the licensee of your facility related to isolation, cohorting, and staffing considerations based on your COVID-19 status, use of Personal Protective Equipment (PPE), N95 respirators, and required use of face coverings.

Isolating and Cohorting Residents Based on COVID-19 Status

- **PIN 21-12-ASC advises the licensee of your facility to:**
 - **To use cohorts (or groups) to the extent possible.** Cohorting means grouping residents based on their risk of infection or whether they have tested positive for COVID-19.

- **Examples of resident cohorts (or groups) include, but are not limited to the following:**
 - **“Red” area:** COVID-19 positive residents
 - **“Yellow-Person Under Investigation (PUI)”:** Symptomatic residents, suspected COVID-19, and awaiting test results
 - **Note:** PIN 21-12-ASC advises the licensee of your facility to quarantine each resident in a single room if possible, since cohorting residents based on symptoms alone could result in inadvertent mixing of residents who are COVID-19 positive with residents who have symptoms of a non-COVID-19 illness.
 - **“Yellow-Exposed” Status:** Residents who had [close contact](#) with or been in an area staffed by a person who is COVID-19 positive
 - **“Yellow-Observation” Status:** Newly admitted or re-admitted residents under observation
 - **Note:** PIN 21-12-ASC advises the licensee of your facility to place each newly admitted and re-admitted resident in a single room if possible.
 - **“Green” Status:** Residents with no known exposure or residents who are COVID-19 recovered

- **Cohorts are made up of residents with the same COVID-19 status** and engage in activities (e.g., personal care, meals, planned activities, etc.) only with members of their cohort.
 - **A cohort avoids contact with others in the facility outside of your cohort.** For example, meal time or activities can be staggered so that no two cohorts are in the communal areas at the same time.
 - To properly cohort, we asked the licensee of your facility to designate certain care providers to care specifically for COVID-19 positive residents (“red” area), and then different care providers to care for non-COVID-19 positive residents.
 - **Cohorting residents decreases opportunities for potential exposure to, or transmission of, COVID-19;** provides for more **efficient contact tracing** in the event of a positive case; and **allows for targeted testing, quarantine, and isolation** of a single cohort instead of everyone in the entire facility in the event of a positive case or cluster of cases.
- **PIN 21-12-ASC reminds the licensee of your facility to:**
 - Consult with your primary care physician about keeping you in your facility to **avoid admitting you to the hospital** if you are COVID-19 positive or **do not have higher level of care needs**. If care needs are for oxygen only, the licensee must consult with your primary care physician about ordering oxygen for you and the immediate need for intermittent clinical staff if not already available. If oxygen therapy is provided on site, it will be important for an appropriately skilled professional to monitor your oxygen values with a pulse oximeter. If available, the licensee of your facility should communicate with clinical staff onsite (i.e., home health or hospice staff) as soon as possible to keep you at the facility.

Staffing Considerations and PPE

- **PIN 21-12-ASC advises the licensee of your facility to:**
 - **Dedicate staff** to care specifically for **COVID-19** positive residents (“red” area). Staff caring for COVID-19 positive residents (“red” area) should be separated from other staff and also have a separate restroom and breakroom.
 - Have staff caring for COVID-19 positive residents (“red” area) **wear the appropriate PPE** in isolation and quarantine areas.
 - Ensure staff **change PPE** (i.e., source control, eye protection, gloves and gowns) and perform **hand hygiene** between contact and/or caregiving for each resident if due to staff shortages a single staff must care for both positive and negative residents.
 - Ensure that the workflow is always starting with caring for negative residents first then moving to positive residents last.
- **PIN 21-12-ASC reminds the licensee of your facility to have a plan ready to implement in the event of a staffing shortage.** The plan can include, but is not limited to, the following:

- Relocate staff from a sister facility
- Hire new staff
- Use of a temporary staffing agency
- Use of a Home Care Organization

N95 Respirators versus KN95 Respirators

- Approved N95 respirators reduce the wearer's exposure to airborne particles, from small particle aerosols to large droplets, when used properly. KN95 respirators are an international type of respirator and not approved for use where a respirator is required.
- **PIN 21-12-ASC informs the licensee of your facility that:**
 - N95 respirators must be worn by:
 - Staff caring for **COVID-19 positive residents** ("red" area)
 - Staff caring for **residents in "yellow" cohorts** if supplies are sufficient.
 - Facility staff may continue to use KN95 respirators when an N95 respirator is not required. Facility staff should not use KN95 respirators while caring for COVID-19 positive residents ("red" area) or residents in a "yellow" cohort. In these circumstances, facility staff must wear N95 respirators.

Use of Face Coverings

- **PIN 21-12-ASC directs the licensee of your facility to:**
 - Ensure your **care providers and other facility staff wear face coverings at all times** (unless they are required to wear an N95 respirator). Face coverings are not considered PPE. Some staff may need an exemption. Please look at the [face covering guidance](#) issued by the California Department of Public Health for more information.
 - Encourage you and other **residents to wear face coverings** unless you have a medical reason why you cannot.
 - Remind you and other residents to wear face coverings on outings, and while at the facility to wear them when **outside your room**, when **individuals are inside your room**, and when **outdoors** and within six (6) feet of others.

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