COVID-19 Local Guidance for San Luis Obispo County

For Indoor Settings at High Risk for Transmission of COVID-19

This document summarizes requirements within California and recommendations within San Luis Obispo County to limit the disease burden associated with COVID-19 in indoor high-risk settings. The guidance described in this document is intended to go into effect March 13, 2023.

Key Facts

- For the purposes of this document, indoor high-risk settings include:
  - Healthcare settings
  - Long term care settings and adult and senior care facilities
  - Homeless shelters, emergency shelters and cooling and heating centers
  - State and local correctional facilities and detention centers
- On March 3, 2023, the California Department of Public Health updated its Guidance for Face Coverings (ca.gov) and Guidance on Isolation and Quarantine for COVID-19 (ca.gov). As a result of the update to those state guidance documents, most requirements related to the COVID-19 pandemic have shifted to recommendations for both the general public and indoor high-risk settings.
- Managers of certain settings not specifically listed above may be aware of characteristics of their environment or participants that lead them to consider the setting to be high-risk. Examples of such settings include sober living recovery homes, adult day programs, and multi-bed dormitories. Those settings are encouraged to follow the recommendations outlined in this document.
- COVID-19 continues to present a significant burden of disease for San Luis Obispo County with respect to both hospitalizations and deaths. Since January 1, 2023, 17 SLO County residents have died from COVID-19. Many of those individuals resided in high-risk settings.

State Requirements

- Residents and staff of skilled nursing facilities are required to follow the guidance set forth in AFL 22-13 (ca.gov).
- Healthcare personnel in general acute care hospitals, acute psychiatric hospitals, and skilled nursing facilities are required to follow the guidance set forth in AFL 21-08 (ca.gov).

- Adult and senior care facilities are required to follow the guidance set forth in PIN 23-02-ASC UPDATED GUIDANCE ON TESTING, ISOLATION, AND QUARANTINE; AND MASKING FOR STAFF AND RESIDENTS AT ADULT AND SENIOR CARE FACILITIES

Recommendations

Masking (and other personal protective equipment)

- If staff are identified as close contacts[1] to an individual with COVID-19 during their infectious period[2], then staff should wear a fit-tested N95 mask (or higher level respirator) through day 10 post-exposure. Day 0 is considered the day of exposure. If a fit-tested N95 is not available, then staff should perform a self-check for seal with their N95 mask: DHHS (NIOSH) Publication No. 2018-130, Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, User Seal Check (cdc.gov)
- If an entire wing or unit within a high-risk indoor setting is considered in response due to a COVID-19 outbreak, then all personnel on that unit or wing should wear a well-fitting N95 mask until the unit is cleared through testing and all residents/clients have been released from isolation.
- If an entire facility (high-risk indoor setting) is considered in response, then all personnel working in that facility should wear a well-fitting N95 mask until the facility is cleared through testing and all residents/clients have been released from isolation.
- Personnel providing direct care to individuals with COVID-19 should wear a well-fitting N95 (or higher level respirator), eye protection (face shield or goggles), isolation gown, and gloves for the duration of their isolation period (days 0-10 at a minimum). Day 0 = the day of symptom onset or day of positive test if no symptoms.
- Residents/clients who are identified as close contacts should wear a surgical mask or higher level respirator when in common indoor areas outside of their room. When outdoors, residents/clients who have been identified as close contacts may remove their masks.
- Residents/clients who have been identified as close contacts should avoid eating/drinking as part of a group in indoor common areas until they are cleared through response testing.

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[1] For the purposes of indoor high-risk settings, a Close Contact to an individual with COVID-19 is a person who has been within 6 feet of a COVID-positive individual for a total of 15 minutes or more over a 24-hour period during that COVID-positive individual's infectious period. Once testing has demonstrated that disease transmission has occurred within a unit (or within the facility if the facility is not divisible into clearly separate units), then all individuals on that unit are considered close contacts.

[2] Infectious Period extends from 48 hours prior to symptom onset (or 48 hours prior to a positive test for COVID-19 if asymptomatic) through day 5 at a minimum. Days 6-10, if the COVID-positive individual is wearing an N95 at all times while indoors and has had a negative antigen test releasing them from isolation, then the exposed individual is NOT considered a close contact/at risk for infection; if, days 6-10, the COVID-positive individual is not wearing an N95 or has not had a negative antigen test, then the exposed individual IS considered a close contact/at risk for infection through day 10.

Post-exposure, residents/clients are encouraged to eat either in their rooms or outdoors until cleared through response testing.

Isolation

For Residents/Clients:

- Residents/clients who exhibit signs or symptoms of COVID-19 should isolate until COVID-19 has been ruled out through testing or, if they test positive, until they have completed their isolation period.
- Residents/clients who have tested positive for COVID-19 should isolate for 10 days from symptom onset, or for 10 days from positive test if they do not have symptoms. Day 0 = the date of symptom onset (or date of positive test if they do not have symptoms). Day 11 = the first day that the resident/client may exit isolation. The 10-day isolation period in these high risk settings is distinct from recommendations for the general public.
- COVID-positive residents/clients should NOT be retested for purposes of release from isolation; they should remain in isolation for 10 days and may exit isolation on day 11 as described as long as they have had no fever for 24 hours (without fever-reducing medications such as Tylenol or Ibuprofen) and symptoms have clearly improved.

For Personnel/Staff:

- Personnel/Staff who exhibit signs or symptoms of COVID-19 should isolate until COVID-19 has been ruled out through testing or, if they test positive, until they have completed their isolation period.
- Personnel/Staff who have tested positive for COVID-19 should isolate for a minimum of 5 days from symptom onset, or for 5 days from positive test if they do not have symptoms. Day 0 = the date of symptom onset (or date of positive test if they do not have symptoms). Personnel/Staff who intend to return to work prior to day 11 should obtain a negative antigen test on or after day 5. They may return to work as soon as day 6 if they have a negative antigen test, have had no fever for 24 hours (without fever-reducing medication), and their symptoms have clearly improved. However, all personnel who have tested positive for COVID-19 and return to work prior to day 11 should wear a well-fitting N95 mask on days 6-10 at all times when indoors at work.
- If there is a critical staffing shortage, then COVID-positive Personnel/Staff may return to work prior to day 6 without a negative antigen test. However, they must wear an N95 at all times when indoors at work, and they may only work with residents in isolation for COVID-19 or residents who have exited isolation for COVID-19 within the past 2 weeks.

Testing

- It is very important that high-risk indoor settings continue to conduct post-exposure testing (also referred to as “response testing”) to:

    - Identify COVID-positive individuals who should then be directed to isolate appropriately, and
    - Determine when a small group of exposed individuals, a unit, or an entire facility may be considered cleared from response.
- An individual is considered a close contact if they are within 6 feet for 15 minutes or more of an individual with COVID-19 during their infectious period, OR a high-risk exposure has occurred (e.g., cough or sneezed on directly in the face, sharing a room during an aerosol-generating procedure such as a nebulizer treatment) and the exposed individual was not wearing eye protection plus an N95 mask.
- An individual within a high-risk setting is considered infectious beginning 48 hours prior to symptom onset (or 48 hours prior to a positive test for COVID-19 if asymptomatic) and extending through day 5 at a minimum. Days 6-10, if the COVID-positive individual is wearing an N95 at all times while indoors and has had a negative antigen test releasing them from isolation, the exposed individual is NOT considered a close contact/at risk for infection; if the COVID-positive individual is not wearing an N95 or has not had a negative antigen test, then the exposed individual IS considered a close contact/at risk for infection through day 10.
- Suspicion of exposure of one or more persons to an individual with COVID-19 during their infectious period should trigger response testing. If the manager of the high-risk setting has confidence in their ability to determine who might be a close contact, then they may limit response testing to those close contacts. If the manager does not have confidence in the ability to identify close contacts, then response testing should be performed for either the entire unit (if the facility is physically separated into identifiable units) or for the entire facility, both staff and residents.
- If response testing identifies additional COVID-positives, then response testing should be expanded to include the entire unit, or to include the entire facility if clearly separate units are not identifiable. If further transmission within a unit is identified, then response testing should be extended to the entire facility, both staff and residents.
- Symptomatic individuals should be tested for COVID-19 without delay. If using an antigen test, and the first test is negative, then a second antigen test should be performed 48 hours after the first test. If the second test is also negative, then COVID-19 may be ruled out. Symptomatic individuals should remain in isolation until those two negative tests have been obtained. As an alternative, a negative antigen test may be confirmed with a subsequent negative PCR test.
- Asymptomatic exposed individuals should be tested using an antigen test on days 1, 3, and 5. If one of those antigen tests comes up positive, the subsequent tests are not necessary, and the individual is considered positive for COVID-19 and should be isolated appropriately. If, during this response testing on days 1, 3, and 5, additional cases of COVID-19 are identified, then response testing should be extended into a second week with testing occurring on day 8 (or 9) and day 12 (i.e., twice a week). Twice weekly antigen testing should continue until no new cases have been identified for a total of 7 consecutive days.
- Asymptomatic exposed individuals who have been diagnosed with COVID-19 within the past 30 days should be exempted from response testing. However, if they develop symptoms within that 30-day period, antigen testing should be performed for symptomatic individuals as described above.

- A facility is considered cleared from response when:
    - No new cases have been identified after day 5 testing has been completed during the first week with no additional cases identified, or a full week of twice-weekly testing with no new cases has passed during the second or subsequent weeks, AND
    - All COVID-positive residents have completed their 10 days of isolation.
    - It is not necessary for the indoor high-risk settings described in this guidance to obtain "clearance" from the Public Health Department.

Reporting

- COVID-19 is considered a disease reportable to the Local Health Authority per California Code of Regulations §2500. The County of San Luis Obispo Public Health Department directs indoor settings at high risk of transmission of COVID-19 as described in this guidance to report cases of COVID-19 when two or more cases have been identified at the facility AND it is possible that disease transmission might have occurred at the facility. Cases should be reported within 24 hours of identification.
- At a minimum, when reporting cases of COVID-19, you must provide the following information:
    - First and last name of individual
    - Date of birth
    - Whether individual is personnel/staff or resident/client
    - Date of positive COVID test
    - Type of COVID test (antigen or PCR)
    - Date of symptom onset (or state "asymptomatic" if no symptoms).
- Cases of COVID-19 may be reported to us by
    - Telephone: Call 805-781-5500
    - Fax: 1-844-806-4661
    - Email (if encrypted email is available): PublicHealth.Contact@co.slo.ca.us

Resources

- Deputy Health Officer Rick Rosen, MD, MPH, is available for questions and consultation by telephone (805-781-5522) and Email (frosen@co.slo.ca.us). If Dr. Rosen is not available, please call 805-781-5500 for direction and assistance.
- To request COVID testing supplies and PPE urgently when a facility is in response, please use this form: MHOAC Resource Request - County of San Luis Obispo (ca.gov).
- The latest information and resources related to COVID-19 in San Luis Obispo County: COVID-19 - County of San Luis Obispo (ca.gov)
- CDC guidance for specific settings: Specific Settings | COVID-19 | CDC.
- CDPH COVID-19 information and resources: Main Page (ca.gov)