



CORONAVIRUS  
DISEASE 2019 (COVID-19)

## WEEKLY UPDATE

### LONG-TERM CARE AND RESIDENTIAL CARE FACILITIES

**Wednesday, August 19, 2020**

Greetings Long-Term Care and Residential Care Facilities of San Diego County,

Please find information below regarding the latest guidance and resources from county, state, and federal organizations, including **new**:

- All Facilities Letter regarding Provision of Home Dialysis Services in a Skilled Nursing Facility (AFL 20-66),
- Notes from a recent California Department of Public Health conference call for Skilled Nursing Facilities regarding COVID-19 updates,
- Provider Information Notice announcing an Informational Call on Infection Prevention: Fostering a Robust Framework in Facilities on Thursday, August 20, 1:00 – 3:00 PM as well as monthly calls related to COVID-19 beginning in September (PIN 20-27-ASC),
- California Health Alert Network San Diego Update #17: UPDATED COVID-19 Testing Guidance and Additional Updates,
- California Health Alert Network Excessive Heat Notification - Phase II Excessive Heat-PG&E Rotating Outage Summary, and
- Registrar of Voters Presentation on Voting During the COVID-19 Pandemic - 1:00 pm on August 28, 2020

Please see details below.

As we continue to give updates from our County public health perspective, please be aware that you should always confer with your licensing entity for approval of any operational changes.

If you missed any recent email updates from this sector, [review them here](#). For additional information and resources, please see our website [www.coronavirus-sd.com/LTC](http://www.coronavirus-sd.com/LTC).

Thank you for your continued efforts and partnership with the County of San Diego!



## Announcements and News



### California Department of Public Health

CDPH publishes news and All Facilities Letters (AFLs) regularly. If you would like to receive email notifications of AFLs, please submit your request to [LNCPolicy@cdph.ca.gov](mailto:LNCPolicy@cdph.ca.gov). See the newly released advisories below:

**NEW!** Letter to Skilled Nursing Facilities: AFL 20-66 – August 17, 2020

#### **Updated Guidance for the Provision of Home Dialysis Services in a Skilled Nursing Facilities**

This AFL supersedes AFL 07-23, and notifies Skilled Nursing Facilities (SNFs) and dialysis clinics of updated guidance from the Centers for Medicare and Medicaid Services regarding the provision of dialysis services to SNF residents through a collaborative arrangement between the SNF and a qualified dialysis facility.

[Click here to read AFL 20-66](#)

**NEW!** Notes from the California Department of Public Health conference call for Skilled Nursing Facilities to provide updates on COVID-19 on 8-13-20.

Please see attached PDF titled, “AFC-SNF+IP+Call+Notes+8.13.20”.

Letter to Skilled Nursing Facilities: AFL 20-63.1 – August 7, 2020

#### **Deployment of Online Survey Application for COVID-19 SNF Mitigation Surveys**

This AFL supersedes AFL 20-63 and announces CDPH’s phased launch of a new online application for conducting surveys and investigations. Beginning August 7, 2020, CDPH will use the Risk and Safety Solutions (RSS) Inspect to conduct COVID-19 Mitigation Surveys and submit Statements of Deficiencies to SNFs. The **San Diego County RSS go live date is September 8, 2020** (regional launch dates listed [here](#)). Facility-authorized users may access their Statements of Deficiencies and submit their plans of correction in the Risk and Safety Solutions Inspect website <https://hc.riskandsafety.com/>. **REMINDER: Facilities should**

**enroll in the RSS system by August 31, 2020.** This revision outlines the updated process for facility user enrollment.

[Click here to read AFL 20-63.1](#)

Letter to Skilled Nursing Facilities: AFL 20-38.4 – August 7, 2020

### **Visitor Limitations Guidance**

This AFL supersedes AFL 20-38.3 and notifies all facilities of updated visitor guidelines for pediatric patients, patients in labor and delivery, neonatal intensive care unit (NICU) patients, pediatric intensive care unit patients (PICU) patients, and patients at end-of-life and patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments. Health facilities may permit a support person to accompany a patient for whom a support person has been determined to be essential to the care of the patient (medically necessary), including patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments. This AFL has been updated to clarify that long-term care facilities and hospitals may permit students obtaining their clinical experience into the facility if they meet the CDC guidelines for healthcare workers. This revision also clarifies when a doula may be permitted during labor and delivery.

[Click here to read AFL 20-38.4](#)

[Click here to see a full list of recent AFLs](#)



## **California Department of Social Services**

The Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS) publishes Provider Information Notices (PINs) to communicate important license related information to CCLD-licensed providers. The local CDSS San Diego Adult and Senior Care office can be reached at (619) 767-2300 or [CCLASCPSanDiegoRO@dss.ca.gov](mailto:CCLASCPSanDiegoRO@dss.ca.gov).

### **NEW! Notification of Informational Call: Infection Prevention: Fostering A Robust Framework in Facilities and Upcoming Monthly Calls on Covid-19 – August 17, 2020 (PIN 20-27-ASC)**

This PIN announces an upcoming informational call with Adult and Senior Care (ASC) licensees on August 20, 2020, related to infection prevention and also announces monthly informational calls on various topics related to COVID-19.

On August 20, 2020, ASC licensees and staff are encouraged to participate in an informational call to receive guidance regarding Infection Prevention: Fostering a Robust

Framework in Facilities. The call will feature a panel discussion and will include an opportunity to ask questions.

## Informational Call

**Thursday, August 20, 2020 1:00 PM – 3:00 PM**

Toll-Free Call-In Number: **888-950-7567**

Participant Passcode: **2296555**

Note: Participants may begin calling in at 12:45 PM.

Licensees are encouraged to view the [PowerPoint presentation](#) during the call.

In addition, this PIN announces monthly informational calls on the 3<sup>rd</sup> Wednesday of each month, beginning in September, through the end of the year on various COVID-19 topics. Dates are as follows and the times will be announced in upcoming PINs:

**September 16, 2020**

**October 21, 2020**

**November 18, 2020**

**December 16, 2020**

[Click here to read PIN 20-27-ASC](#)

**Home Care Organizations Available to Assist with Temporary Staffing in Adult and Senior Care Facilities with Clients Who Have Tested Positive for COVID-19 Provider – August 5, 2020 (PIN 20-19-CCLD)**

This PIN announces a resource list of Home Care Organizations (HCO) available to assist with temporary staffing in Adult and Senior Care (ASC) facilities with clients in care who are COVID-19 positive. This PIN also provides for Home Care Aides serving clients who are COVID-19 positive.

[Click here to read PIN 20-19-CCLD](#)

[Click here to browse the full list of recent PINs.](#)



**California Health Alert Network  
San Diego Updates**

**NEW! Health Advisory Update #17: Updated COVID-19 Testing Guidance and Additional Updates – August 17, 2020**

Key Messages:

[Centers for Disease Control and Prevention \(CDC\) testing priorities](#) were updated as well as [California Department of Public Health \(CDPH\) testing priorities](#). These have been adapted locally to San Diego County to address local operational considerations and allow organizations to reference in the context of decreased testing-related supplies that some facilities are experiencing. This interim guidance is subject to change as the situation evolves.

Local reporting guidance and resources are highlighted in addition to [updated guidance from Cal/OSHA](#) on respirator supply shortages; an [announcement](#) from the Center for Medicare and Medicaid Services (CMS) that providers can be reimbursed for patient counseling; and CDC updated guidance on several topics, including ending home isolation and discontinuation of transmission-based precautions for hospitalized patients, retesting with or without symptom development in individuals within 3 months of initial symptom onset, eye protection for healthcare workers in communities of moderate to substantial spread, and a new peer to peer clinical management resource.

Please see attached PDF titled, “CAHAN+8+17+20+.pdf.” for the Health Advisory Update #17: Updated COVID-19 Testing Guidance and Additional Guidance.

Please see attached PDF titled, “Priority+Level+for+Testing+Criteria+REV+08+17+2020.pdf” for the Priority Level for Testing Criteria: Federal, State, and County Recommendations.



## California Health Alert Network Updates

### **NEW! California is in Phase II of the State Contingency Plan for Excessive Heat Emergencies**

PG&E anticipates some communities to be in rotating outages. Please go to [www.weather.gov](http://www.weather.gov) to access any heat advisories for your area. No local Emergency Operations Centers have been activated at this time and there have been no requests for assistance. Most importantly, please review the State Contingency Plan for Excessive Heat Emergencies and how it would apply to your facility.

[Click here for State Contingency Plan for Excessive Heat Emergencies](#)

[California Public Health and Medical Emergency Operations Manual](#)



## Voting during the COVID-19 Pandemic: Telebriefing Presentation by the Registrar of Voters

**NEW!** The San Diego County Registrar of Voters will be presenting on Friday, August 28, 2020, at 1:00 pm during the Community-Based Organization- Rural Communities Telebriefing. Please join online to learn more about voting in the November election. To join the Zoom meeting, use the link <https://zoom.us/j824793721> or Call-in at 1 (669) 900-6833 or 1 (346) 248-7799 Meeting ID:824 793 721. Participants will be able to ask questions via the online chat feature on Zoom.



## Updates from the Centers for Disease Control and Prevention

**Morbidity and Mortality Weekly Report Early Release – August 11, 2020**  
Please see below for two reports on SARS-CoV-2 (COVID-19):

- 1) [Transmission of SARS-CoV-2 Involving Residents Receiving Dialysis in a Nursing Home — Maryland, April 2020](#)
- 2) [Facility-Wide Testing for SARS-CoV-2 in Nursing Homes — Seven U.S. Jurisdictions, March–June 2020](#)



### Upcoming Telebriefings



**Friday, Aug. 21  
at 4:00pm**

Telebriefing for **Older Adult and Disability Service Providers**

**WHEN: Friday, August 21, 2020 at 4:00 p.m.**

Please [pre-submit your questions at least 24 hours before the telebriefing](#), so that they can be answered on the call. Participants will have the opportunity to ask questions during the call through the online chat feature on the Zoom platform. [Please click here for more information, including access link and call-in option.](#)



Telebriefing for **Long-Term Care and Residential Care  
Facilities**

WHEN: Friday, August 28, 2020 at 4:00pm

**Friday, Aug. 28  
at 4:00pm**

Please [pre-submit your questions in advance here](#). Participants will have the opportunity to ask questions during the call through the online chat feature on the Zoom platform.

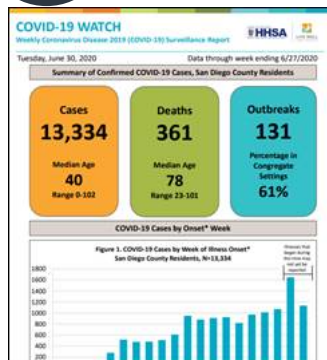
**Join the telebriefing at the specified time and date using one of the options below:**

- Option 1 | Computer (preferred):
  - Click on the following link <https://zoom.us/j/218631109>
  - Meeting ID: 218 631 109.
  - If you have any difficulties accessing the participant link, please use option 2.
- Option 2 | Phone:
  - Dial-In Number: 1 (669) 900-6833 or 1 (346) 248-7799
  - Meeting ID: 218 631 109.

[Visit the Long-Term Care and Residential Care Facilities Sector Support webpage to learn more.](#)



## Ongoing Programs, Services, and Resources



### County of San Diego COVID-19 Dashboard and Weekly “COVID-19 Watch” Report

The County of San Diego publishes a weekly surveillance report on the coronavirus-sd.com website called “COVID-19 Watch”.

[Click here to review the report.](#)

Additionally, visualize and track data real time on the interactive web-based dashboard developed by the County of San Diego Epidemiology and Immunization Services Branch.

[See the dashboard here.](#)



### Latest San Diego County Public Health Order

The latest updates to the local Public Health Order included additional key items for essential businesses still in operation.

[Read the latest order.](#)



### Recent Email Updates and Resources from the Long-Term Care and Residential Care Sector

- [August 12, 2020 Update](#)
- [August 5, 2020 Update](#)
- [July 29, 2020 Update](#)

[Click here to browse all past email updates.](#)



## [211 San Diego](#)

For health or testing related questions, contact your healthcare provider. For general questions about COVID-19, information about community resources, or if you are uninsured, call **2-1-1 San Diego**.

[Click here](#) for free COVID-19 testing information.



## COVID-19 Downloadable Resources and Materials for Your Facility

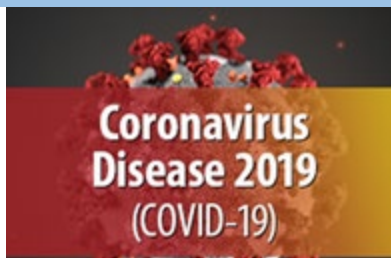
[Find FAQs, posters, videos, and other materials.](#)



## Guidance from the Centers for Disease Control and Prevention

- [Guidelines for Group Homes for Individuals with Disabilities](#)
- [Guidelines for Direct Service Providers of Individuals with Disabilities](#)
- [Symptoms of Coronavirus](#)
- [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)

For general information about COVID-19 from the CDC, please visit [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).



## General COVID-19 Information from Federal and State Organizations

- [Centers for Disease Control and Prevention – COVID-19](#)
- [California Department of Public Health, Immunization Branch – COVID-19](#)
- [California Department of Social Services – COVID 19](#)





## Stay Connected



For questions related to long-term care and residential care facilities, please email: [COVID-LTC@sdcounty.ca.gov](mailto:COVID-LTC@sdcounty.ca.gov).



Get the latest information about what's happening across the county with COVID-19.



Text **COSD COVID-19** to **468-311**

to get text alert updates from the County of San Diego.





**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities IP Call  
August 13, 2020, 12:00 pm**

**I: Questions & Answers:**

**Q:** Question related to N95 masks and not being able to disinfect. Does this refer to the Battelle system, and how does this affect reuse?

**A:** Battelle is one of the FDA-approved systems for disinfect PPE during times of emergency. Cal OSHA guidelines state that respirators can be disinfected, however they cannot be reused. They should be saved for future emergency events. In terms of extended use and reuse, we need to provide clarification. Extended use would occur in a setting of cohorted residents over the course of a shift. The guidance states the max amount of time is 8-10 hours of extended use. For reuse, this is commonly implemented as using PPE over the course of several shifts. If you are experiencing issues with your PPE supply in the context of these new guidelines, please reach out and communicate this to CDPH.

**Q:** KN95 masks, understanding that these are not an acceptable respirator via Cal OSHA, can these be used as a regular face mask?

**A:** Using these as face masks is acceptable, however we caution that all facility staff are clear on which masks (N95 vs. KN95) are to be used as respirators when working with exposed residents.

**Q:** Is the state still distributing these KN95 masks considering this information?

**A:** The state is trying to move away from this model and move towards BYD models.

**Q:** Can facility staff use their own personal KN95 masks?

**A:** Cal OSHA allows for staff to use their own respirators; however, they must be approved for respirator use. The KN95 masks have not been approved.

**Q:** If we have no positive cases in our facility and have continued negative testing results, are we allowed to use surgical masks to save respirators?

**A:** The current guidelines state that respirators are needed for newly admitted residents during their observation period. For other residents that have been proven negative, surgical masks would be permitted and required to ensure universal source control.

**Q:** Where are the N95 masks? Our local resources do not have them.

**A:** We are still utilizing the normal MHOAC process of obtaining PPE. First, we always encourage you to exhaust all local resources. If you are unable to obtain what you need, please follow the MHOAC process.

**Q:** Question related to a facility staff member that was COVID-naïve.

**A:** This refers to a staff member that was positive, went through isolation and observation, and then determined no longer positive. After this period, this individual would be allowed to return to work and interact with all types of residents (regardless of the resident exposure levels). Regarding PPE use, this individual would need to follow the same requirements for all staff in terms of universal source control.

**Q:** Should SNF staff be required for fit testing in the facility?

**A:** Anyone at any facility that requires N95 use must be fit tested.

**Q:** Can different N95 model fit tests be substituted for other approved models?

**A:** No, you must be fit tested for each model used.

**Q:** Question related to counting days in the hospital towards observation period.

**A:** Related to SNF residents that were in the hospital. If the criteria of observation were met during the time in the hospital, the days (four days in this case) may count towards the 14-day time period. Keep in mind that the 14 days refers to the beginning of last exposure.

**Q:** Can staff take care of both green and yellow zone residents?

**A:** Due to multiple factors that challenge universal source control, it is advised that staff working in these areas do not switch to other zones – working with green zone residents and then yellow zone patients.

**Q:** Can newly admitted residents be placed observation in multi-occupancy

**A:** This can be allowed as long as healthcare personnel ensure there is separation in the room through dividing curtains and distancing. It is also important that correct PPE use is followed strictly in these situations.

**Q:** Question relating to cohorting. Our facility has had no positive cases in both residents and staff. We are receiving a new resident that was a known positive but no longer positive anymore. Can this person be admitted normally, or do they still need to go through the observation period?

**A:** They can be admitted into the general population without having to go through the routine observation process.

**Q:** We have outside staff members doing surveys. Can they practice extended use for PPE?

**A:** As long as these individuals are not directly interacting with staff, extended use can be permitted without replacing PPE. It is important to note that strict hand hygiene be observed, that touching any surface is like touching a resident.



To: CAHAN San Diego Participants

Date: August 17, 2020

From: Public Health Services

## Health Advisory Update #17: UPDATED Coronavirus Disease 2019 (COVID-19) Testing Guidance & Additional updates

### Key Messages

- [Centers for Disease Control and Prevention \(CDC\) testing priorities](#) were updated as well as [California Department of Public Health \(CDPH\) testing priorities](#). These have been adapted locally to San Diego County to address local operational considerations and allow organizations to reference in the context of decreased testing-related supplies that some facilities are experiencing. This interim guidance is subject to change as the situation evolves.
- Local reporting guidance and resources are highlighted below in addition to [updated guidance from Cal/OSHA](#) on respirator supply shortages; an [announcement](#) from the Center for Medicare and Medicaid Services (CMS) that providers can be reimbursed for patient counseling; and CDC updated guidance on several topics, including ending home isolation and discontinuation of transmission-based precautions for hospitalized patients, retesting with or without symptom development in individuals within 3 months of initial symptom onset, eye protection for healthcare workers in communities of moderate to substantial spread, and a new peer to peer clinical management resource.

### Situation

- As case counts increase locally and across the nation, molecular assay-based testing capacity is facing logistical and resource limitations with increased reagents, related testing materials, and personal protective equipment (PPE) demands.
- [Centers for Disease Control and Prevention \(CDC\) testing priorities](#) were updated, as well as [California Department of Public Health \(CDPH\) testing priorities](#). These have been adapted locally to San Diego County to address local operational considerations and allow organizations to reference in the context of decreased testing-related supplies that some facilities are experiencing. These interim guidance documents are subject to change as the COVID-19 situation evolves. See below, with many notes, including that *each organization should be aware of federal, State, and County testing guidance and implement institutional testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.*
- [Reporting guidance](#) for testing outcomes should be reported as mandated by the Health Officer Order.
- Providers should give patients who test positive a [Health Officer Order](#), as well as [Home Isolation Instructions](#), and tell patients to alert close contacts about [Quarantine Instructions](#), if not an essential worker (See prior [CAHAN #11](#) as well). The Center for Medicare and Medicaid Services (CMS) recently [announced](#) that providers can be reimbursed for patient counseling at time of COVID-19 testing using existing evaluation and management (E/M) payment codes (see counseling checklist [here](#)).
- Medical providers and/or their delegates can refer clinically stable, independent COVID19 patients for temporary lodging by calling 858-715-2350 from 7 am to 9 pm.

- Providers should refer to CDC’s updated [symptom-based strategy](#) for ending [home isolation](#) and for discontinuation of transmission-based precautions for [hospitalized patients](#). Two negative tests are no longer recommended.
- The CDC now [recommends](#) no re-testing within 3 months for persons previously diagnosed with symptomatic COVID-19 *who remain asymptomatic* after recovery. For those previously diagnosed positive who develop new symptoms within 3 months, the CDC [recommends](#) possible retesting and isolation in consultation with an infection control expert, if no alternative etiologies are identified.
- Clinicians who want peer-to-peer support on clinical management can now also call the CDC Information line (800-CDC-INFO or 800-232-4636) and be connected to volunteer clinicians from the Infectious Disease Society of America (learn more [here](#)).
- CDC [advises](#) that providers in areas of moderate to substantial community spread also wear eye protection in addition to face masks or respirators and do not recommend respirators with exhalation valves for source control.
- Organizations should be aware of [updated guidance from Cal/OSHA](#) on respirator supply shortages.

### **Actions Requested**

- Consider below Priority Tiers for RT-PCR COVID-19 or antigen testing when updating testing algorithms in your organization based on available testing, laboratory capacity and materials, staffing, and PPE supply. Of note, antigen testing is a relatively newer form of diagnostic testing for COVID-19 for which currently two tests have received Emergency Use Authorization by the Food and Drug Administration (FDA). Please understand their limitations if you choose to utilize these in your testing strategy, especially with interpretation of negative results, and refer to their FDA EUA and materials for healthcare providers [here](#) under “Individual EUAs for Antigen Diagnostic Tests for SARS-CoV-2”.
- As per the FDA,
  - Providers should give patients who test positive a Health Officer Order as well as Home Isolation Instructions and tell patients to alert close contacts about Quarantine Instructions, if not an essential worker. The Health Officer Orders and Home Isolation and Quarantine Instructions are available in English and other languages, [click here](#) (See prior [CAHAN #11](#) as well).
    - Of note, those who need to be quarantined and continue to be exposed due to ongoing, unavoidable household contact with a case should continue quarantine until 14 days after the infectious period of the lab-confirmed case.
    - Those who cannot be isolated or quarantined at home may be eligible for temporary lodging, if medically stable and functionally independent. Medical providers and/or their delegates should call 858-715-2350 from 7 am to 9 pm.
  - After diagnosis, repeat testing is rarely needed. Providers should use CDC’s [symptom-based strategy](#) for ending [home isolation](#) and for discontinuation of transmission-based precautions for [hospitalized patients](#). Confirmed cases requesting negative testing to return to general work settings should not be tested as per [CDPH](#).
  - Providers and labs should report the results of their testing to PHS as per [detailed reporting guidance](#) and as mandated by the [Health Officer Order](#).
  - The below Priority Testing Categories are locally adapted from updated [CDC](#) and [CDPH guidance](#) and organizations can expand beyond these as the supply chain, PPE, and staffing becomes sufficient.

### **Priority Testing Tiers**

Below are updated County of San Diego (County) testing priorities. The last County priorities were updated on April 22, 2020. This summary is adapted locally from [federal](#) and [state](#) guidance, influenced

by current testing capacity/availability, and is subject to changes in the future as new information is known and conditions change.

Diagnostic and screening tests, like all clinical tests, should be ordered if they influence management and resource allocation. These tests are a point in time assessment and clinical judgment is warranted when a Polymerase Chain Reaction (PCR) diagnostic or antigen test is negative, but clinical suspicion or pre-test probability is high. Each healthcare organization must evaluate their supplies, staffing, and personal protective equipment (PPE) when determining how to prioritize diagnostic COVID-19 testing. Where applicable, organizations should fully provide testing through a tiered approach before proceeding to the subsequent, lower priority tier. Children who fall into these tiers should be tested where possible, as well. Any individuals not in the first four priority Tiers below may also be tested, if these initial four Tiers are first served and remaining resources permit testing with adequate processing times. Organizations should give guidance to those awaiting test results, particularly of importance when experiencing increased turnaround times. As an example, see [here](#) for the handout provided at County testing sites.

There is very limited national and state guidance addressing frequency of testing for asymptomatic individuals. Organizations should be aware that [CDPH recommends](#) that, outside of a known outbreak, asymptomatic staff in Skilled Nursing Facilities should be tested monthly. Understanding that this recommendation is for a “high-risk setting” will help guide an organization’s assessment regarding frequency of testing asymptomatic individuals in lower Tiers, who are generally at lower risk and/or in low-risk settings.

Due to [updated evidence](#), testing is no longer recommended by the CDC to release individuals from [home isolation](#) or [discontinuation of transmission-based precautions](#) in healthcare settings. Changes are reflected in the updated Health Officer Order for Isolation and the Home Isolation Instructions, both found [here](#).

<p><b>TIER 1 – High-Risk Symptomatic Individuals and Public Health Investigations</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SYMPTOMATIC</a>* individuals not diagnosed with COVID-19 in past 3 months<sup>1</sup> who are: <b>hospitalized</b>; in <b>congregate facilities</b>;<sup>2</sup> <b>older adults</b> and those with <b>underlying</b> medical conditions<sup>7</sup>; or in a vulnerable population.<sup>3</sup></li> <li>• Persons identified for testing by <b>public health investigations</b> and disease control activities including those in potential outbreak settings.</li> </ul>
<p><b>TIER 2 – Other Symptomatic Individuals and Hospital and Procedure Testing</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SYMPTOMATIC</a>* persons who do not meet above symptomatic criteria, including <b>healthcare workers</b> and <b>first responders</b>, not diagnosed with COVID-19 in past 3 months.<sup>1</sup></li> <li>• Hospital admission testing for <b>patients</b> who do not exhibit COVID-19 <a href="#">symptoms</a>.*</li> <li>• Scheduled <b>surgical procedures</b>, especially those that are aerosol generating.</li> </ul>
<p><b>TIER 3 – Asymptomatic Individuals from High-Risk Settings &amp; Close Contacts</b></p> <ul style="list-style-type: none"> <li>• Screening of ASYMPTOMATIC individuals not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are residents or employees of <b>congregate living facilities</b>,<sup>2</sup> such as skilled nursing facilities,<sup>5</sup> assisted living facilities, homeless shelters, substance use disorder residential facilities, and detention centers.</li> </ul>

<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>close contacts</b><sup>6</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> at 5-7 days after last exposure to a known COVID-19 case.</li> </ul>
<p><b>TIER 4 – Asymptomatic High-Risk Individuals</b></p>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>healthcare workers and first responders</b> not diagnosed with COVID-19 in past 3 months<sup>4</sup> in direct patient contact roles.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC individuals in <b>vulnerable populations</b><sup>3</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are not in other categories above.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC persons not diagnosed with COVID-19 in past 3 months<sup>4</sup> in <b>other essential occupations</b>. This includes occupations such as utility workers, grocery store workers, food supply workers, and other public-facing employees including childcare and school workers.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>older adults</b> (i.e., persons &gt;65 years of age) OR any age with <b>chronic or other underlying medical conditions</b>,<sup>7</sup> such as pregnancy, that may increase the risk of severe COVID 19 illness as per the CDC<sup>8</sup> who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>Caretakers of older adults or those with underlying medical conditions</b> defined above who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> </ul>
<ul style="list-style-type: none"> <li>• <i>When facing limitations of testing capacity for Tier 4, consider prioritizing testing amongst those in zip codes with higher prevalence rate than the Countywide prevalence rate over testing those in zip codes with lower prevalence rate than the Countywide prevalence rate. Zip code and Countywide prevalence data can be found <a href="#">here</a>.</i></li> </ul>
<p><b>TIER 5 – Public Health Surveillance</b></p>
<ul style="list-style-type: none"> <li>• Other ASYMPTOMATIC individuals being tested for purposes of public health surveillance for COVID-19.</li> </ul>

**Notes:**

\*COVID-19 symptoms may be updated by the CDC and can be found [here](#). They currently include fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Note that elderly people might not develop fever.

**References:**

<sup>1</sup>As per [CDC](#): “For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.”

<sup>2</sup>Congregate facilities include facilities where individuals live together, such as skilled nursing facilities, assisted living facilities, detention facilities, homeless shelters, and substance use disorder residential treatment facilities.

<sup>3</sup>Vulnerable populations include those in ethnic and racial minority groups, people with HIV/AIDS, people experiencing homelessness, those in rural areas, migrant workers, and Native Americans. National and local data suggest that some groups are disproportionately affected by COVID-19 and thus are included here. See CDC Health Equity considerations [here](#) and [here](#) for local data.

<sup>4</sup>As per [CDC](#): “For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the

initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.”

<sup>5</sup>Due to high morbidity and mortality, skilled nursing facilities (SNFs) have strong surveillance testing recommendations and should follow respective [state](#) and [national](#) guidance.

<sup>6</sup>Close contacts need to be quarantined for 14 days after last exposure regardless of their test result. Median time to symptom onset or the median incubation period is 4-5 days as per [CDC](#) so testing is locally being recommended around 5-7 days, unless the close contact becomes symptomatic earlier.

<sup>7</sup>Underlying medical conditions that CDC associates with increased risk or potentially increased risk of severe illness from COVID-19 can be found [here](#).

Please see [this updated table](#) for a comparison between [federal](#), [state](#), and local guidance documents.

General public inquiries about COVID-19 should be directed to [2-1-1 San Diego](#) or to the [County COVID-19 website](#).

Thank you for your participation.

**CAHAN San Diego**

County of San Diego Health & Human Services Agency

Epidemiology and Immunization Services Branch

Phone: (619) 692-8499; Fax: (858) 715-6458

Urgent Phone for pm/weekends/holidays: (858) 565-5255

E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov)

Secure Website: <https://member.everbridge.net/892807736722952/login>

Public Website: <http://www.cahansandiego.com>





Priority Level for Testing Criteria:  
Federal, State, and County Recommendations

Priority Level	Federal Testing Criteria ^ (July 17, 2020)	State Testing Criteria (August 3, 2020)	County Testing Criteria (August 17, 2020)
1	<ul style="list-style-type: none"> <li>Individuals with signs or symptoms consistent with COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalized individuals with COVID-19 symptoms.</li> <li>Investigation and management of outbreaks, under direction of state and local public health departments (includes contact tracing).</li> </ul>	<p><b>High-Risk Symptomatic Individuals and Public Health Investigations</b></p> <ul style="list-style-type: none"> <li><b>Symptomatic*</b> individuals not diagnosed with COVID-19 in past 3 months<sup>1</sup> who are <b>hospitalized</b>, in <b>congregate facilities</b>,<sup>2</sup> <b>older adults</b> and those with chronic or <b>underlying medical conditions</b>, or in a <b>vulnerable population</b>.</li> <li>Persons identified for testing by <b>public health investigations</b> and disease control activities including those in potential outbreak settings.</li> </ul>
2	<ul style="list-style-type: none"> <li>Asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission</li> </ul>	<ul style="list-style-type: none"> <li>All other individuals with <b>COVID-19 symptoms</b>.</li> <li><b>Close contacts</b> of confirmed cases.</li> <li>Individuals who are <b>asymptomatic</b> (having no symptoms of COVID 19), who fall into one of the following categories               <ol style="list-style-type: none"> <li>Live in higher risk congregate care facilities including skilled nursing facilities, residential care facilities for the elderly, correctional facilities, or homeless shelters.</li> <li>Work in the health care sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The health care sector includes hospitals, skilled nursing facilities; long-term care facilities; ambulatory surgery centers; health care providers' offices; health care clinics; pharmacies; blood banks; dialysis centers; hospices; and, home health providers</li> <li>Work in a congregate care facility, including shelters for people experience homelessness and residential care facilities for the elderly.</li> <li>Provide care to an elderly person or a person with a disability in the home, including a person providing care through California's In-Home Supportive Services Program.</li> <li>Work in the emergency services sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The emergency services sector includes police and other public safety departments (including, for example, child protective services and adult protective services departments), fire departments, and emergency service response operations.</li> <li>Work in a correctional facility.</li> <li>Patients requiring pre-operative/pre-hospital admission screening.</li> <li>Patients being discharged from hospitals to lower levels of care.</li> </ol> </li> </ul>	<p><b>Other Symptomatic Individuals and Hospital and Procedure Testing</b></p> <ul style="list-style-type: none"> <li><b>Symptomatic*</b> persons who do not meet above symptomatic criteria, including <b>healthcare workers</b> and <b>first responders</b>, not diagnosed with COVID-19 in past 3 months.</li> <li>Hospital admission testing for <b>patients</b> who do not exhibit COVID-19 <b>symptoms.*</b></li> <li>Scheduled <b>surgical procedures</b>, especially those that are aerosol generating.</li> </ul>



**Priority Level for Testing Criteria:  
Federal, State, and County Recommendations**

Priority Level	<u>Federal Testing Criteria</u> ^ (July 17, 2020)	<u>State Testing Criteria</u> (August 3, 2020)	<u>County Testing Criteria</u> (August 17, 2020)
3	<ul style="list-style-type: none"> <li>Asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification in special settings</li> </ul>	<ul style="list-style-type: none"> <li>The following individuals who are <b>asymptomatic</b> (having no symptoms of COVID 19), and fall into one of the following categories:               <ol style="list-style-type: none"> <li>Individuals who work in the retail or manufacturing sectors who have frequent interactions with the public or who works in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis.</li> <li>Individuals who work in the food services sector who have frequent interactions with the public. The food services sector includes grocery stores, convenience stores, restaurants, and grocery or meal delivery services.</li> <li>Individuals who work in the agricultural or food manufacturing sector who have frequent interactions with the public or who works in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis. The agricultural or food manufacturing sector includes food production and processing facilities, slaughter facilities, harvesting sites or facilities, and food packing facilities.</li> <li>Individuals who work in the public transportation sector who have frequent interactions with the public. The public transportation sector includes public transit, passenger rail service, passenger ferry service, public airports, and commercial airlines.</li> <li>Individuals who work in the education sector who have frequent interactions with students or the public. The education sector includes public and private childcare establishments; public and private pre-kindergarten programs; primary and secondary schools; and public and private colleges and universities.</li> </ol> </li> </ul>	<p><b>Asymptomatic Individuals from High-Risk Settings &amp; Close Contacts</b></p> <ul style="list-style-type: none"> <li>Screening of asymptomatic individuals not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are residents or employees of <b>congregate living facilities</b>,<sup>2</sup> such as skilled nursing facilities,<sup>5</sup> assisted living facilities, homeless shelters, substance use disorder residential facilities, correctional facilities, and detention centers.</li> <li>Asymptomatic <b>close contacts</b><sup>6</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> at 5-7 days after last exposure to a known COVID-19 case.</li> </ul>
4	<ul style="list-style-type: none"> <li>Individuals being tested to determine resolution of infection (i.e., <a href="#">test-based strategy for Discontinuation of Transmission-based Precautions</a>, <a href="#">HCP Return to Work</a>, and <a href="#">Discontinuation of Home Isolation</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Tier Four would be implemented when the state's testing turnaround time, as monitored by the California Department of Public Health, is less than 48 hours.</li> <li>Other individuals not specified above including those who are asymptomatic but believe they have a risk for being actively infected as well as routine testing by employers.</li> </ul>	<p><b>Asymptomatic High-Risk Individuals</b></p> <ul style="list-style-type: none"> <li>Asymptomatic <b>healthcare workers</b> and <b>first responders</b> not diagnosed with COVID-19 in past 3 months<sup>4</sup> in direct patient contact roles.</li> <li>Asymptomatic individuals in <b>vulnerable populations</b><sup>3</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are not in other categories above.</li> <li>Asymptomatic persons not diagnosed with COVID-19 in past 3 months<sup>4</sup> in <b>other essential occupations</b>. This includes occupations such as utility workers, grocery store workers, food supply workers, and other public-facing employees including childcare and school workers.</li> </ul>



**Priority Level for Testing Criteria:  
Federal, State, and County Recommendations**

Priority Level	Federal Testing Criteria ^ (July 17, 2020)	State Testing Criteria (August 3, 2020)	County Testing Criteria (August 17, 2020)
			<ul style="list-style-type: none"> <li>Asymptomatic <b>older adults</b> (i.e., persons &gt;65 years of age) OR any age with <b>chronic or other medical conditions</b>, such as pregnancy, that may increase the risk of severe COVID 19 illness as per the CDC<sup>7</sup> who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> <li><b>Caretakers of older adults or those with underlying medical conditions</b> defined above who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> </ul> <p><i>When facing limitations of testing capacity for this Tier, consider prioritizing testing amongst those in zip codes with higher prevalence rate than the Countywide prevalence rate over testing those in zip codes with lower prevalence rate than the Countywide prevalence rate. Zip code and Countywide prevalence data can be found <a href="#">here</a>.</i></p>
<b>5</b>	<ul style="list-style-type: none"> <li>Individuals being tested for purposes of public health surveillance for SARS-CoV-2</li> </ul>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	<ul style="list-style-type: none"> <li>Individuals being tested for purposes of public health surveillance for SARS-CoV-2.</li> </ul>

**Notes:**

\*COVID-19 symptoms may be updated by the CDC and can be found [here](#). They currently include fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Note that elderly people might not develop fever.

^ The CDC has five populations for which SARS-CoV-2 testing with [viral tests](#) is recommended (i.e., nucleic acid or antigen tests).

**References:**

<sup>1</sup>As per [CDC](#): "For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person."

<sup>2</sup>Congregate facilities include facilities where individuals live together, such as skilled nursing facilities, assisted living facilities, detention facilities, homeless shelters, and substance use disorder residential treatment facilities.

<sup>3</sup>Vulnerable populations include those in ethnic and racial minority groups, people with HIV/AIDS, people experiencing homelessness, those in rural areas, and Native Americans. National and local data suggest that some groups are disproportionately affected by COVID-19 and thus are included here. See CDC Health Equity considerations [here](#) and [here](#) for local race and ethnicity data.

<sup>4</sup>As per [CDC](#): "For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person."

<sup>5</sup>Due to high morbidity and mortality, skilled nursing facilities (SNFs) have strong surveillance testing recommendations and should follow respective [state](#) and [national](#) guidance.

<sup>6</sup>Close contacts need to be quarantined for 14 days after last exposure regardless of their test result. Median time to symptom onset or the median incubation period is 4-5 days as per [CDC](#) so testing is locally being recommended around 5-7 days, unless the close contact becomes symptomatic earlier.

<sup>7</sup>Underlying medical conditions that CDC associates with increased risk or potentially increased risk of severe illness from COVID-19 can be found [here](#).