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GAVIN NEWSOM  
GOVERNOR

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PIN 22-15-ASC  
**(Supersedes PIN 21-12-ASC  
Supersedes PIN 21-17.2-ASC in part  
Superseded PIN 21-49-ASC in part  
Supersedes PIN 20-38-ASC in part)**

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL  
LICENSEES

FROM: *Original signed by Kevin Gaines*  
KEVIN GAINES  
Deputy Director  
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SUBJECT: **RESIDENT COHORTING, ISOLATION AND QUARANTINE, STAFFING,  
AND USE OF PERSONAL PROTECTIVE EQUIPMENT BASED ON  
RESIDENT CORONAVIRUS DISEASE 2019 (COVID-19) STATUS**

**Provider Information Notice (PIN) Summary**

PIN 22-15-ASC supersedes [PIN 21-12-ASC](#), dated February 10, 2021, supersedes in part [PIN 21-17.2-ASC](#), dated May 14, 2021, supersedes in part [PIN 21-49-ASC](#), dated November 17, 2021 and supersedes in part [PIN 20-38-ASC](#), dated October 6, 2020, and provides updated guidance related to resident cohorting, isolation and quarantine, staffing considerations, and use of Personal Protective Equipment (PPE) based on the resident's COVID-19 status.

***Please post/keep this PIN in the facility where residents, facility staff, and resident representatives can easily access it and distribute the PIN to residents and, if applicable, their representatives.***

This PIN provides updated guidance and direction to licensees related to resident quarantine and isolation, cohorting, staffing considerations, and use of PPE based on a resident's COVID-19 status. Specifically, PIN 22-15-ASC provides the following updates:

- Removes the recommendation that residents who are boosted, OR have completed their primary series but are not yet booster eligible and residents who have recovered from COVID-19 in the prior 90 days be routinely quarantined following an exposure.
- Updates the duration of quarantine for exposed residents who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, from 14 days to 7-10 days.

### **Cohorting of Residents Based on COVID-19 Status**

Licensees should utilize cohorts (or groups) to the extent possible to minimize the risk of spreading 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 under isolation.
- **“Yellow Area - 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. If a single room is not available, maintain a symptomatic resident in their usual room until test results are available.
- **“Yellow Area - Exposed Status”:** Residents who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, and had close contact (meaning within six (6) feet for a cumulative total of 15 minutes or more over a 24-hour period) with a person who is COVID-19 positive.

**Important!** The definition of close contact may be adjusted in circumstances of an outbreak or in consultation with a local health department.

- **“Yellow Area - Observation Status”:** Newly admitted or re-admitted residents under observation.
- **“Green Area”:** Residents with no known exposure within the last 14 days; residents who had a COVID-19 diagnosis in the last 90 days that have fully recovered and are now asymptomatic; and exposed asymptomatic residents who are boosted, or have completed their primary series but are not yet booster eligible, and not required to quarantine.

**Important! A person is considered “boosted” if they have received one or more booster doses.**

Although licensees should use “Red”, “Yellow”, and “Green” cohort areas/status to assist with managing residents with a particular COVID-19 status, residents do not need to be physically moved between different areas of the facility if their COVID-19 status changes if they can be appropriately isolated or quarantined in place. Licensees should consult with their local health department if they have different or stricter guidance for resident placement.

In addition, licensees should consider proactively creating “groups” of residents for staggered communal dining or group activities when there is no outbreak. 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 group (in consultation with your local health department and local Adult and Senior Care Regional Office) instead of everyone in the entire facility in the event of a positive case or cluster of cases.

**Caring for Residents in Isolation or Quarantine**

**Note:** SUPERSEDES guidance in the *Best Practices in Caring for Residents in Isolation or Quarantine* section on page 8 in [PIN 20-38-ASC](#), dated October 6, 2020.

When caring for residents who are in isolation or quarantine, staff should check the resident’s general appearance to determine any signs of distress (e.g. sweating, labored breathing, ability to interact, etc.) as often as needed. Also, as often as needed, staff should check the resident for symptoms consistent with COVID-19 in order to quickly detect deterioration in status. Staff should notify the resident’s health care provider and, if applicable, their authorized representative if the resident’s condition worsens or changes. If care needs include the need for oxygen, licensees must adhere to facility specific statutes and regulations related to oxygen administration prior to caring for any such residents.

**Duration of Isolation for COVID-19 Positive Residents**

Regardless of vaccination status, any resident that tested positive for COVID-19 must isolate until:

- They have been cleared by the local health department; or
  - They meet the conditions to discontinue isolation:
    - Residents who test positive and are symptomatic:
      - At least 1 day (24 hours) has passed since recovering, defined as resolution of fever without the use of fever-reducing medications
- AND**

- Resolution in respiratory symptoms (e.g., cough and shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared.
- **Note:** Reach out to the resident's health care provider to determine if an extended quarantine is needed. A resident's healthcare provider may extend duration of isolation beyond 20 days for individuals who are moderately to severely immunocompromised (e.g., currently receiving chemotherapy, or recent organ transplant); facilities should use a test-based strategy and **(if available)** consultation with an infectious disease specialist is recommended to determine when transmission-based precautions could be discontinued for these individuals.
- Residents who test positive and are asymptomatic:
  - 10 days from the date of their positive test, as long as they have not subsequently developed symptoms, in which case the symptoms-based criteria above for discontinuing isolation should be applied.

**Important!** After recovering from COVID-19, a resident may have a residual cough, which can last days or weeks after any virus. Residents with a cough should wear a face mask when outside their room until resolution of cough and physically distance if in communal settings. If residents with a cough cannot tolerate or remember to keep on the mask, or physical distancing is not possible, please contact the resident's health care provider or the local health department for direction, including if additional isolation is necessary.

See Appendix A for a supplemental table on the duration of isolation for residents who are COVID-19 positive.

### **Duration of Quarantine for Residents Exposed to COVID-19**

Residents who are boosted, or have completed their primary series but are not yet booster eligible, and residents who have had COVID-19 in the prior 90 days, who have had close contact with someone with COVID-19 infection and remain asymptomatic do not need to be quarantined, restricted to their room, or cared for by staff using the full PPE recommended for the care of a resident with COVID-19 infection unless they develop symptoms of COVID-19, are diagnosed with COVID-19, or the facility is directed to do so by the local health department. Quarantine might be considered following an exposure for residents who are moderately to severely immunocompromised, or there is a widespread outbreak, even if the resident is boosted. Licensees should contact the local health department for consultation if there is a need to quarantine these residents.

Asymptomatic residents with close contact with someone with COVID-19, regardless of vaccination status, should have a series of two tests for COVID-19. In these situations, testing is recommended not earlier than 2 days after the exposure and, if negative,

again 5–7 days after the exposure. Testing is not generally recommended for people who have had COVID-19 in the last 90 days if they remain asymptomatic.

Residents who are unvaccinated, or who have completed their primary series and are booster eligible but not yet boosted, and who have had close contact with someone with COVID-19 should be placed in quarantine after their exposure, even if viral testing is negative.

- Residents can come out of quarantine after day 7 following the exposure (day 0) if a viral test is negative for COVID-19 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of quarantine.
- Residents who are not tested again can come out of quarantine after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, licensees could consider testing for COVID-19 within 48 hours before the time of planned discontinuation of quarantine.

See Appendix B below for a supplemental table on the duration of quarantine for residents exposed to COVID-19.

### **Staffing Considerations and Shortages**

When possible, licensees should designate certain staff to care for residents who are COVID-19 positive (“red” area), and different staff to care for residents of other cohorts. Ideally, staff caring for residents who are COVID-19 positive (“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.

Facility staff shortages have a direct impact on the health and safety of residents. Licensees must have enough staff to meet resident needs at all times and should have a plan ready to implement in the event of a staffing shortage as part of a COVID-19 Mitigation Plan Report, as specified in [PIN 21-43-ASC](#), dated September 17, 2021.

**Note:** Per [PIN 22-13-ASC](#), the Mitigation Plan remains in effect until the licensee submits the Infection Control Plan to CCLD. Licensees must submit an Infection Control Plan to CCLD by June 30, 2022.

Licensees needing additional assistance with staffing should contact the Regional Office. Licensees may also refer to [PIN 22-09-ASC](#) for facility staff isolation and quarantine guidance.

### **N95 Respirators and Face Masks**

See [PIN 21-38-ASC](#) for information about masking requirements, including the use of N95s, for staff; and masking guidance for residents.

CCLD provided information on Cal/OSHA respiratory protection requirements in [PIN 21-38-ASC](#) and [PIN 21-09-ASC](#) and respirator fit testing in [PIN 21-10-ASC](#).

Licensees should place signage in the facility on proper PPE donning and doffing and [how to perform a seal check](#).

### **Continuing Care Retirement Communities (CCRC)**

Independent CCRC residents are generally exempt from testing, quarantine, and isolation guidelines, and visitation restrictions except when the independent CCRC resident is:

- living with a resident who is receiving assisted living services;
- commingling with residents who receive assisted living services or live in assisted living units by, for example, participating in communal dining or activities or using common facility amenities;
- presenting symptoms for COVID-19;
- exposed to a person who tested positive for COVID-19;
- moving into the facility; or
- returning from being treated at a hospital or higher level of care facility.

An independent CCRC resident who is not exempt as listed above, may be subject to the testing, quarantine, and isolation guidelines, and visitation restrictions applied to RCFE residents.

### **Additional Information**

Additional information regarding the use of PPE and face masks, cohorting and isolation, and other COVID-19 requirements and 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 [ASC Regional Office](#).

**California Department of Social Services, Community Care Licensing Division  
Adult and Senior Care 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 Area - Person Under Investigation)****	COVID Exposed Residents who are Unvaccinated or Booster-Eligible and Not Yet Boosted (Yellow Area - Exposed)****	Newly Admitted or Re-Admitted Residents Under Observation (Yellow Area - Observation)****	Residents with No Known Exposure; COVID Recovered; and Exposed Asymptomatic who are Boosted, or Vaccinated but not Booster Eligible (Green Area)
N95 respirator *	Yes	Yes	Yes	Yes	No, unless caring for resident undergoing an aerosol generating procedure or during an outbreak.
Face mask *	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Only in crisis if N95 not available	Yes
Eye Protection	Yes	Yes	Yes	Yes	No, unless during an outbreak, or per Standard precautions

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow Area - Person Under Investigation)****	COVID Exposed Residents who are Unvaccinated or Booster-Eligible and Not Yet Boosted (Yellow Area - Exposed)****	Newly Admitted or Re-Admitted Residents Under Observation (Yellow Area - Observation)****	Residents with No Known Exposure; COVID Recovered; and Exposed Asymptomatic who are Boosted, or Vaccinated but not Booster Eligible (Green Area)
Gowns	<p>Yes Extended use*** permitted in supply crisis, except for residents with known multidrug resistant organism (MDRO) such as <i>C. difficile</i> or CRE.</p> <p>Maintain clean areas where gowns are not worn, such as a main workstation.</p>	<p>Yes Extended use*** NOT recommended.</p> <p>When gowns in short supply, may dedicate gown for each resident and keep in room.</p>	<p>Yes Extended use*** NOT recommended.</p> <p>When gowns in short supply, may dedicate gown for each resident and keep in room.</p>	<p>Yes Extended use*** NOT recommended.</p> <p>When gowns in short supply, may dedicate gown for each resident and keep in room.</p>	As needed per infection control standard precautions.
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.



Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow Area - Person Under Investigation)****	COVID Exposed Residents who are Unvaccinated or Booster-Eligible and Not Yet Boosted (Yellow Area - Exposed)****	Newly Admitted or Re-Admitted Residents Under Observation (Yellow Area - Observation)****	Residents with No Known Exposure; COVID Recovered; and Exposed Asymptomatic who are Boosted, or Vaccinated but not Booster Eligible (Green Area)
<p>Cohorting, Isolation and Quarantine</p> <p><b>Note:</b> Residents do not need to be physically moved between different areas of the facility if their COVID-19 status changes if they can be appropriately isolated or quarantined in place. Licensees should consult with their local health department if they have different or stricter guidance for resident placement.</p>	<p>Isolate residents with confirmed positive COVID test per the <i>Duration of Resident Isolation</i> section in PIN 22-15-ASC.</p> <p>When recovered, these residents can be cohorted with COVID-negative/ COVID recovered residents (Green Area).</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 (Red Area) until test results confirm COVID-19 positive.</p>	<p>Remain in their current room unless sufficient private rooms are available.</p> <p>If asymptomatic, quarantine for 10 days after exposure (day 0) if not tested, or 7 days if the resident tests negative. In both circumstances, test within 48 hours before discontinuation of quarantine.</p> <p>Do not move or admit any other residents to the cohort where the exposure occurred.</p>	<p>Do not mix newly admitted or re-admitted residents with any other residents.</p> <p>Test all newly admitted or re-admitted residents 72 hours prior to moving into the facility or upon admission. Residents do not need to be quarantined if their test result is negative and they have not had close contact with someone with COVID-19 in the prior 14 days.</p>	<p>Cohort with no exposure residents; COVID recovered residents; and exposed asymptomatic residents who are boosted, or have completed their primary series but are not yet booster eligible, and not required to quarantine.</p>

Recommendation	COVID Positive Residents (Red Area)	Symptomatic, Suspected COVID, Awaiting Test Results (Yellow Area - Person Under Investigation)****	COVID Exposed Residents who are Unvaccinated or Booster-Eligible and Not Yet Boosted (Yellow Area - Exposed)****	Newly Admitted or Re-Admitted Residents Under Observation (Yellow Area - Observation)****	Residents with No Known Exposure; COVID Recovered; and Exposed Asymptomatic who are Boosted, or Vaccinated but not Booster Eligible (Green Area)
<p>Staffing considerations</p> <p><b>Important!</b> 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 move 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 <b>cannot care for</b> those residents with no known exposure. 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 in Green Area cohorts and then follow hand hygiene procedures and change of PPE before caring for those residents in Yellow-Exposed or Yellow-PUI cohorts.</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 in Green Area cohorts and then follow hand hygiene procedures and change of PPE before caring for those residents in Yellow-Exposed or Yellow-PUI cohorts.</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 in Yellow-Exposed or Yellow-PUI cohorts.</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 have been exposed or are COVID positive.</p>

\* Cal/OSHA removed the Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages that allowed certain strategies to extend supplies of respirators during severe shortages. Pursuant to title 8 sections 5144 and 5199, healthcare facilities are to use respirators in full accordance with their manufacturers' instructions and their NIOSH approval. Beyond anticipated shortages, increased feasibility and practicality may be considered in decisions to implement extended use for staff who are sequentially caring for a large volume of residents with suspected or confirmed COVID-19, including those cohorted with COVID-19, those placed in quarantine, and residents impacted during a COVID-19 outbreak. Otherwise, extended use may be implemented for facemasks or N95 respirators **only when used for source control**. When used for source control, facemasks or N95 respirators may be used until they become soiled, damaged, or hard to breathe through and should be immediately discarded after removal.

\*\* CDPH and CDC recommend staff wear eye protection for all direct resident care, and N95 or higher level respirator while caring for residents undergoing aerosol generating procedures in the Green Area during a COVID-19 outbreak or in counties with substantial or high community transmission rates (search Community Transmission rates on [CDC's COVID Data Tracker](#)). Eye protection should always be worn per standard precautions when performing tasks that could generate splashes or sprays of blood, body fluids, secretions and excretions.

\*\*\* Extended use and reuse of gowns can transmit multidrug-resistant organisms (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 (Red Area), 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 (Yellow-PUI) and COVID exposed residents (Yellow-Exposed) should be cohorted in different areas of the yellow zone based on their COVID status.

#### Resources:

- [CDPH All Facilities Letter 20-74.1](#)
- [CDC Summary of Strategies to Optimize Use of PPE in Presence of Shortage](#)

**Appendix A: Duration of Isolation for Residents who are COVID-19 Positive**

Regardless of vaccination status, any resident that tested positive for COVID-19 must isolate until they are either:

1. Cleared by the local health department, **or**
2. Meet specified conditions per the table below:

<b>Applies to Residents Who Are:</b>	<b>Duration of Isolation for Residents who are COVID-19 Positive</b>
<b>Symptomatic</b>	<ul style="list-style-type: none"> <li>• At least 1 day (24 hours) has passed since recovering, defined as resolution of fever without the use of fever-reducing medications <b>AND</b></li> <li>• Resolution in respiratory symptoms (e.g., cough and shortness of breath) <b>AND</b></li> <li>• At least 10 days have passed since symptoms first appeared.</li> </ul> <p><b>Note:</b> Reach out to the resident’s health care provider to determine if an extended quarantine is needed. A resident’s healthcare provider may extend duration of isolation beyond 20 days for individuals who are moderately to severely immunocompromised (e.g., currently receiving chemotherapy, or recent organ transplant); facilities should use of a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when transmission-based precautions could be discontinued for these individuals.</p>
<b>Asymptomatic</b>	<ul style="list-style-type: none"> <li>• 10 days from the date of their positive test, as long as they have not subsequently developed symptoms, in which case the symptoms-based criteria above for discontinuing isolation should be applied.</li> </ul>

See [PIN 21-38-ASC](#) for information about masking requirements and masking guidance for residents.

**Appendix B: Duration of Quarantine for Residents Exposed to COVID-19**

The table below applies to residents who have had close contact with someone with COVID-19 infection and remain asymptomatic, and notates additional guidance in instances when they develop symptoms of COVID-19.

<b>Applies to Residents Who Are:</b>	<b>Quarantine Needed?</b>	<b>Testing</b>
<ul style="list-style-type: none"> <li>• Boosted</li> <li>• Received primary series but not yet booster eligible</li> </ul>	No, unless any of the conditions below apply: <ul style="list-style-type: none"> <li>• develop symptoms of COVID-19,</li> <li>• are diagnosed with COVID-19,</li> <li>• are moderately to severely immunocompromised,</li> <li>• there is a widespread outbreak, or</li> <li>• the facility is directed to do so by the local health department</li> </ul>	Not earlier than 2 days after the exposure and, if negative, again 5–7 days after the exposure
<ul style="list-style-type: none"> <li>• Recovered from COVID-19 in prior 90 days</li> </ul>	No, unless any of the conditions below apply: <ul style="list-style-type: none"> <li>• develop symptoms of COVID-19,</li> <li>• are diagnosed with COVID-19,</li> <li>• are moderately to severely immunocompromised,</li> <li>• there is a widespread outbreak, or</li> <li>• the facility is directed to do so by the local health department</li> </ul>	Testing is not generally recommended if resident remains asymptomatic
<ul style="list-style-type: none"> <li>• Unvaccinated</li> <li>• Received primary series, are booster eligible but not yet boosted</li> </ul>	Yes, and timeframe will vary if completing series of two tests or only initial (see below): <ul style="list-style-type: none"> <li>• Quarantine is complete after day 7 following the exposure (day 0) if a series of two viral tests is negative for COVID-19 and they do not develop symptoms</li> <li>• Quarantine is complete after day 10 following the exposure (day 0) if an initial viral test is negative for COVID-19 and they do not develop symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Not earlier than 2 days after the exposure and, if negative, within 48 hours before the time of planned discontinuation of quarantine</li> <li>• Not earlier than 2 days after the exposure</li> </ul>

See [PIN 21-38-ASC](#) for information about masking requirements and masking guidance for residents.