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GAVIN NEWSOM  
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PIN 20-07-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*  
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SUBJECT: **PREVENTION, CONTAINMENT, MITIGATION MEASURES, AND  
STATEWIDE WAIVER FOR CORONAVIRUS DISEASE 2019 (COVID-  
19)**

**Provider Information Notice (PIN) Summary**

PIN 20-07-ASC provides guidance to Adult and Senior Care (ASC) licensees on different scenarios related to Prevention, Containment, and Mitigation measures for COVID-19 and for the implementation of a statewide waiver for certain licensing statutes and regulations.

While the situation surrounding the Coronavirus Disease 2019 (COVID-19) continues to rapidly change, this PIN provides general recommendations for prevention, containment, and mitigation of COVID-19 for ASC facilities and guidance regarding a statewide waiver for certain licensing requirements.

**Note:** At the time of this PIN's release, the State of California is implementing mitigation measures. Please see Scenario Three (3) below.

Always follow any guidance or instructions from health care providers, the [Federal Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/), the [Centers for Medicare and Medicaid Services \(CMS\)](https://www.cms.gov/), the [California Department of Public Health \(CDPH\)](https://www.cdph.ca.gov/), and [local health departments](#).

## PREVENTION, CONTAINMENT, AND MITIGATION MEASURES FOR COVID-19

### **Scenario 1: Implementation of Prevention Measures**

Licensees can take steps now to slow the spread of respiratory infectious diseases, including COVID-19, by implementing the following steps:

**1. Limit entry to only individuals who need entry, such as:**

- Facility staff, contractors, volunteers, consultants who need to keep the operations running and ensure the needs of persons in care are met.
- Government officials who in their capacity require entry (e.g. the CDC or public health staff).
- Immediate families or friends.

**Note:** The Community Care Licensing Division (CCLD) does not recommend a complete restriction on all visitors. The circumstances for the reason for entry need to be taken into consideration. The rationale should be explained, and alternative methods of communications offered.

Some best practices that may be possible in your facility include:

- **Post signage clearly in your facility.** The CDC provides [sample signage](#) for use to ensure that all those entering or exiting a facility are aware of the risks associated with COVID-19 and the recommended precautions they should take. Signage should also remind people that anyone with symptoms of respiratory illness should not enter the facility.
  - **Notify all persons in care, family members, and their loved ones.** Ask the persons in care to strongly encourage their family members and friends not to visit for the time being and discuss alternative methods of communication.
  - **Establish specific visiting hours.** Specifically, consider limiting visitors to only daytime hours (e.g. 9:00 a.m. to 7:00 p.m.) when staff can more closely monitor a visitor entrance.
  - **Close more than one entry point in accordance with life safety regulations.** Consider having one central entry location (e.g. main entrance only).
  - **Enact a sign-in policy to encourage all visitors to check-in with staff and conduct a possible screening for COVID-19.** Screening may include checking for symptoms of respiratory infection, such as fever, cough, or shortness of breath.
- 2. Restrict activities or individuals with potential for exposure, including:**
- Visitors, where there are COVID-19 confirmed cases in the surrounding community.
  - Other visitors for routine social visits, tours with prospective persons in care or their families, and outside group activities (e.g. school groups, bands, etc.) should be restricted.

- Cancel activities that take persons in care to public places, particularly with large gatherings such as the mall, movies, etc. (See [CDPH guidance about gatherings](#) for more information).

**Note:** This does NOT apply to persons in care who need to leave the facility for essential medical care such as dialysis, doctor visits, etc.

- Internal group activities should be restricted, especially if:
  - i. The facility has persons in care with respiratory symptoms (who should be in isolation per CDC guidance) and/or other underlying health conditions;
  - ii. If COVID-19 is in the surrounding community; and/or
  - iii. The ability to restrict visitors is challenging in the facility.
- Movement within the facility outside the room of the person in care (e.g. reduce walking the halls, avoid congregate dining rooms, etc.)

**3. Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution**, including staff, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. Post notices for individuals to assess their risk, which would include any individuals with:

- Respiratory symptoms, including fever, cough, sore throat, and shortness of breath;
- Contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or ill with respiratory illness within the last 14 days;
- [Domestic or international travel](#) within the last 14 days to areas where COVID-19 cases have been confirmed;
- Residence in a community where community spread of COVID-19 is occurring; and
- Anyone who has worked in another care setting with confirmed COVID-19 cases.

**Note:** Extenuating circumstances may be taken into consideration, but those individuals who should be restricted according to the descriptions above must wear a facemask, gown, and gloves to reduce the risk of spreading any communicable disease. If the facility does not have personal protective equipment, the facility should restrict the visitor from entering and ask them to come back at a later date (e.g. after 14 days with no respiratory symptoms).

**4. Remind staff to stay home if they are sick.**

- Ensure sick leave policies allow staff to stay home if they have symptoms of respiratory infection.
  - i. Staff who are ill should be excluded from work for at least 24 hours after a flu-related fever is absent without the use of fever-reducing

medicines. Follow the CDC and/or local health department guidelines for returning to work.

- ii. Once staff return to work, reinforce the importance of performing frequent hand hygiene.
- Check staff for respiratory infection symptoms, including fever, cough, or shortness of breath, before they start their shift.

**Note:** In general, if staff or persons in care are directed by their health care provider or local health department to quarantine or isolate outside the facility (i.e. home, hospital, etc.), they should obtain medical clearance before returning to the facility.

**5. Require all staff and visitors entering the facility to wash their hands upon entry.**

- If possible, set up handwashing and/or alcohol-based hand sanitizer stations immediately inside all entryways with signage reminding people to wash before entering.
- Ask each person who enters the facility to immediately wash their hands or use alcohol-based hand sanitizer before they do anything else.
- Encourage them to wash their hands or use alcohol-based hand sanitizer throughout their time in the facility.

**Note:** Frequently wash hands with soap and water for at least 20 seconds or use alcohol-based hand sanitizer containing at least 60% alcohol, especially after going to the bathroom; before eating; before and after providing care to persons in care; and after blowing your nose, coughing, or sneezing. Always wash hands with soap and water if hands are visibly dirty.

- [Clean and disinfect](#) frequently touched objects and surfaces following the manufacturer's guidance. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, and kitchen food preparation surfaces.
- Clean and disinfect rooms after each meeting between a visitor and person in care.
- Use all cleaning products according to the directions on the label.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
- Remind people to not shake hands or hug each other, staff or persons in care.
- Remind people to use "cough etiquette." Cover your mouth and nose with a flexed elbow or tissue when coughing and sneezing. Throw away the used tissue immediately and wash your hands or use alcohol-based hand sanitizer.

- Remind people to maintain social distance. If possible, keep a distance of at least six (6) feet between yourself and someone who is coughing, sneezing, or has a fever.

**6. Set up a process to allow remote communication for persons in care and others.**

- Ensure emergency contact information for family members and the person's responsible party is up to date.
- Develop alternative means of communication for persons in care to visit and talk with loved ones, such as video chat, telephone, texting, or social media.
- Inform persons in care, or their responsible parties, of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with persons in care, loved ones, contractors, volunteers, etc. to make them aware of these restrictions and to keep them to date.
- Assign staff as a primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offer a phone line with a voice recording updated at set times (e.g. daily) with the facility's general operating status, such as when it is safe to resume visits.
- Develop a process for family members to communicate with the facility with questions.

**Scenario 2: Implementation of Containment Measures**

It is unknown how long prior to being symptomatic a person could spread COVID-19 to another person. Based on what is currently known about other communicable diseases, such as influenza, symptoms ranging from mild to severe may appear 2-14 days after exposure.

**Possible exposure to COVID-19**

Steps to take when there is a possible case of COVID-19 or if persons in care display symptoms of respiratory infection in the facility:

1. Isolate the person from others in their room and limit contact as much as possible.
2. Implement standard contact and respiratory droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, facemask, and eye protection.

**Note:** Licensees seeking facemasks (or other resources) for persons in care and staff may contact their [Medical Health Operational Area Coordinator \(MHOAC\)](#). E-mail is recommended to log the request if phonelines are impacted. MHOAC offices, under the [Emergency Medical Services Authority \(EMSA\)](#), are an alternative place for licensees to request resources.

3. Immediately contact the person's health care provider for an evaluation and for guidance.
4. Contact your local health department for directions.
5. Advise visitors to inform the facility if they develop any signs or symptoms of COVID-19 within 14 days after visiting the facility.

**Note:** It is recommended to take additional preventative measures that may include serving meals to all persons in their rooms rather than in congregate dining rooms, canceling group activities, and limiting visitors.

#### Possible COVID-19 exposure by person who is no longer at the facility

Steps to take if a person is transferred from a facility due to COVID-19 and may have exposed others:

1. Monitor other persons in care and staff for fever or respiratory symptoms.
2. Isolate exposed or potentially exposed persons from others and limit contact as much as possible.
3. Implement standard contact and respiratory droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, facemask, and eye protection.
4. Immediately contact the exposed or potentially exposed person's health care provider for an evaluation and for guidance.
5. Contact your local health department for directions.
6. Advise visitors to inform the facility if they develop any signs or symptoms of COVID-19 within 14 days after visiting the facility.

**Note:** Take additional preventative measures that may include, serving meals to all persons in care in their rooms rather than congregate dining rooms, canceling group activities, and limiting visitors.

*Please contact your local health department immediately if you have someone with a confirmed case of COVID-19 in your facility and/or suspect an outbreak in your facility.*

### **Scenario 3: Implementation of Mitigation Measures**

Steps to take if a person or persons have **tested positive for COVID-19** and remain at the facility.

#### **Person or persons confirmed with COVID-19 and remains in facility**

1. Isolate person or persons in care until they are determined by state or local health authorities in coordination with the CDC to no longer be infectious.
2. Immediately contact the person's or persons' health care provider(s) and your local health department for directions.
3. Implement standard contact and respiratory droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, facemask, and eye protection.
4. Immediately contact your local [Adult and Senior Care Regional Office](#), and the person's in care authorized representative, as required by applicable regulations (California Code of Regulations, [Title 22, section 80061\(b\)\(1\)\(H\)](#), [Title 22, section 81061\(b\)\(1\)\(G\)](#), [Title 22, section 82061\(a\)\(1\)\(F\)](#), and [Title 22, section 87211\(a\)\(2\)](#)).

**Note:** A person who received a directive to isolate from their health care provider and/or the local health department should receive medical clearance before coming out of isolation.

5. Serve meals to all persons in care in their rooms rather than congregate dining rooms.
6. Cancel group activities including those off the premises of the facility.
7. Limit visitors to only medically necessary visits.

**Note:** The licensee shall not restrict CDSS, CDPH, local health department officials, and healthcare providers, Ombudsman, and essential government authority from entering or conducting investigations at the facility. Additional exceptions to visitor restrictions include end-of-life situations.

### **STATEWIDE WAIVER**

[PIN 20-04-CCLD](#) notified all community care licensees that Governor Newsom issued a March 4, 2020, Proclamation of a State of Emergency ("Proclamation") in response to a rising number of cases of COVID-19 in California. The Proclamation permits the California Department of Social Services (CDSS) to waive any provisions of the Health and Safety Code (HSC) or Welfare and Institutions Code (WIC),

accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of licensed facilities.

Pursuant to the Governor's Proclamation, the Department is announcing a statewide waiver for the following Adult and Senior Care (ASC) facility licensing requirements, without the need for facilities to make an individual request, and subject to the following Waiver Conditions set forth in this PIN:

### **Visitation Waiver**

Facility may limit entry to only individuals who need entry as necessary for prevention, containment, and mitigation measures. This waiver applies to a person in care's right to visitation under HSC sections 1512, 1569.269(a)(24), 1569.313 and Title 22, California Code of Regulations (CCR), sections 80072, 82072, 85072, 87468.1, 87468.2 and 87872. Implementation of the visitation waiver must comply with the Waiver Conditions set forth in this PIN. In lieu of in-person visits and social gatherings (either through limiting or discouraging), facilities should make arrangements for alternate means of communication for visitors such as phone calls, video conferencing, and online communications.

### **Planned Activities and Resident/Facility Councils Waiver**

Facility may waive planned activities, group meetings, and limit internal group activities as necessary for prevention, containment, and mitigation measures. This waiver applies to group activities as described in HSC section 1512.5 and Title 22, CCR, sections 82079, 85079, 87219 and 87221.

### **Buildings and Grounds/Capacity Waiver**

Facility may waive buildings and grounds requirements related to capacity as necessary for prevention, containment, and mitigation measures. This waiver may be implemented as required to isolate or quarantine a person in care who is exhibiting symptoms of a respiratory virus, or who has tested positive for COVID-19. Any isolation of persons in care shall be based on guidance provided by the CDC, CDPH, and local health departments.

### **Waiver Conditions**

ASC licensees shall implement the waivers on an as-needed basis, in a reasonable manner and in accordance with any guidance or instructions from CDSS, health care providers, CDC, CDPH, and local health departments.

All facilities shall continue to comply with standards that have not been waived in this PIN's statewide waiver or pursuant to a different individual waiver under procedures set forth in [PIN 20-04-CCLD](#). Any approved and pending waiver requests for any of

the provisions above shall continue to be in force but shall be replaced by the terms of the statewide waiver.

### **Requirements for Ongoing Compliance with Waiver; Rescission of Waiver**

Continued use of this statewide waiver will be based on each facility's compliance with the following terms and conditions:

1. A licensee must inform the person in care and their responsible party of the revised policy impacted by the waiver.
2. A licensee's revised policies that are impacted by the waiver shall be developed in compliance with the most recent CDC, CDSS, CDPH, and/or local health department COVID-19 guidance and be readily available for public's review. The policy must include a justification for the need of a waiver.
3. The licensee shall notify CDSS at the local ASC Regional Office when a facility implements a waiver pursuant to the statewide waiver set forth in this PIN, and shall also post any changes to facility policies related to the waiver in a public location within the facility.
4. The licensee shall comply with directives of a local health department officer.
5. The licensee shall not restrict CDSS, CDPH, local health department officials, and healthcare providers, Ombudsman, and essential government authority from entering or conducting investigations at the facility.

The Department may rescind a facility's authorization for use of this waiver if it determines a facility does not meet the terms and conditions of this statewide waiver, or an individual waiver, as applicable.

### **Effective Dates of Statewide Waiver**

This statewide waiver shall be in effect until June 1, 2020 but may be extended depending on any future guidance from CDSS, CDC, CDPH, and local health departments.

### **RESOURCES**

The resources below provide additional information regarding COVID-19:

- CDC: [Coronavirus Disease 2019 What You Should Know](#)
- CDPH: [All COVID-19 Guidance](#)
- [Local health departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\)](#)
- [World Health Organization \(WHO\)](#)

For PINs previously released to licensees regarding COVID-19, visit the [Community Care Licensing Division homepage](#).

In addition, CCLD has established a dedicated e-mail address to receive public inquiries related to CCLD-licensed facilities and COVID-19. The e-mail address is [CCLCOVID-19INFO@dss.ca.gov](mailto:CCLCOVID-19INFO@dss.ca.gov). Please reference [PIN 20-05-CCLD](#) for more information.

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



**To protect public health and slow the rate of transmission of COVID-19, gatherings as described below should be postponed or canceled across the state of California for at least the remainder of the month of March.**

The California Department of Public Health finds the following:

- Large gatherings that include 250 people or more should be postponed or canceled.
  - This includes gatherings such as concerts, conferences, and professional, college, and school sporting events.
- Smaller gatherings held in venues that do not allow social distancing of six feet per person should be postponed or canceled.
  - This includes gatherings in crowded auditoriums, rooms or other venues.
- Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people.
  - This includes gatherings such as those at retirement facilities, assisted living facilities, developmental homes, and support groups for people with health conditions.
- A “gathering” is any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.

This applies to all non-essential professional, social, and community gatherings regardless of their sponsor. Gatherings that do not meet the aforementioned criteria should only be conducted when they are essential—that is, if the activity is essential and could not be postponed or achieved without gathering, meaning that some other means of communication could not be used to conduct the essential function.

### **What will this achieve?**

The timely implementation of aggressive strategies that create social distance and those that reduce close contact of people not regularly together, including limiting gatherings, has proven effective in prior pandemics at delaying rates of transmission and reducing illness and death.

By decreasing the prevalence of disease across California we will:

- Reduce the number of Californians who contract COVID-19 before an effective treatment or vaccine is available.
- Protect those most likely to experience severe symptoms, such as older Californians and those with underlying chronic conditions.
- Preserve and protect our health care delivery system, including our health care workforce, so they can care for the least healthy individuals in the community for any medical condition, not just COVID-19.
- Minimize the social and economic impacts of COVID-19 over the long run.

### **How long will these limitations apply?**

This guidance will remain in place at least through the month of March. As with all guidance that relates to COVID-19 response, authorities will revisit this guidance on a regular basis to evaluate the continued public health need for it and to evaluate if any elements need to be changed. To stay informed, continue to monitor this link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

### **What is Social Distancing and how is it achieved?**

Social distancing is a practice recommended by public health officials to stop or slow down the spread of contagious diseases. It requires the creation of physical space between individuals who may spread certain infectious diseases. The key is to minimize the number of gatherings as much as possible and to achieve space between individuals when events or activities cannot be modified, postponed, or canceled.

Although the Department expects most events with more than 250 attendees to be postponed or canceled, we emphasize that the venue space does matter. Achieving space between individuals of approximately six feet is advisable. Additionally, there is a particular focus on creating space between individuals who have come together on a one-time or rare basis and who have very different travel patterns such as those coming from multiple countries, states or counties.

### **What can be done to a make a gathering safer if it is essential or small?**

- Stagger activities.
- Add frequency of an event to spread out attendance, e.g. hold more, smaller gatherings.
- Add distance between where individuals sit or stand around tables.
- Add additional hand washing stations and restrooms.
- Limit the number of people in lines.
- Avoid direct physical contact, such as hand-shaking, holding hands, and hugging.
- Extend hours to allow for staggering of attendance or participation.
- Use phones, videos or video conferencing to reduce the need for close interactions.
- Consider ways to encourage anyone with fever and respiratory symptoms to stay home when sick, such as
  - Offering refunds or support reselling of tickets for persons who become ill.
  - Placing messages on websites, tickets, and venue entrances reminding people to protect one another by staying home if sick.

### **Examples of Essential Events this Does Not Apply To**

The goal of this recommendation is to prevent people physically coming together unnecessarily, where people who have the infection can easily spread it to others. This guidance does not apply to activities such as attendance at regular school classes, work, or essential services.

Please see the [guidance for schools](#) document for additional information.

Certain activities are essential to the functioning of our state and must continue. Hence, this does not apply to essential public transportation, airport travel, or shopping at a store or mall. Other [specific guidance](#) can be found on the CDPH website to help people take actions that can protect them in those settings.

This does not apply to congregate living situations, including dormitories and homeless encampments. For more information on what can be done to protect homeless individuals, please see the [Guidance for Homeless Assistance Providers on Novel Coronavirus \(COVID-19\) \(PDF\)](#).