



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human
Services Agency
**California Department of
Public Health**



GAVIN NEWSOM
Governor

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AFL 21-08

TO: General Acute Care Hospitals (GACHs)
Acute Psychiatric Hospitals (APHs)
Skilled Nursing Facilities (SNFs)

SUBJECT: Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2

All Facilities Letter (AFL) Summary

The purpose of this AFL is to provide health care facilities with updated guidance on exposure risk assessment and the duration of quarantine for SARS-CoV-2 exposed HCP working in hospitals and SNFs and SNF residents.

Background

The Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) currently recommend a quarantine period of 14 days after Coronavirus Disease 2019 (COVID-19) exposure, based on estimates of the upper bounds of the COVID-19 incubation period; however, a 14-day quarantine may not be feasible in health care settings during critical staffing shortages when there are not enough staff to provide safe patient care. On December 2, 2020, the CDC posted options to reduce quarantine for contacts of persons with SARS-CoV-2 infection and updated its guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages. Also, on December 14, 2020, CDPH posted CDPH guidance on the duration of quarantine. This AFL is intended to clarify CDPH's December 14th guidance as it applies to HCP.

Hospital HCP

Hospitals should continue to use the CDC's risk assessment framework to determine exposure risk for HCP with potential exposure to patients, visitors, and other HCP with confirmed COVID-19 in a health care setting. CDC guidance for assessing travel and community-related exposures should continue to be applied to HCP with potential exposures outside of work (e.g., household,) and among HCP exposed to each other while working in non-patient care areas (e.g., administrative offices). The exposure period begins from two days before the onset of symptoms or, if asymptomatic, two days before test specimen collection for the individual with confirmed COVID-19.

Health care personnel with higher risk exposure in a health care setting, or identified as close contacts in the community or while working in non-patient care areas, should generally be excluded from work during their quarantine period; however, hospitals may follow CDC staffing shortage mitigation strategies that provide options to reduce quarantine for asymptomatic HCP exposed at work or in the community, including the following CDPH-recommended options:

- Asymptomatic HCP may discontinue quarantine after **Day 10** from the date of last exposure **with or without testing**.
- During critical staffing shortages, exposed asymptomatic HCP are not prohibited from returning after **Day 7** from the date of last exposure if they have received a **negative PCR test result from a specimen collected after Day 5**.

Hospitals may also continue to use CDC guidance for staffing shortage mitigation strategies to determine when it could be appropriate to allow asymptomatic HCP with exposure but no known infection to continue to work onsite during their 14-day post-exposure period.

All exposed HCP must continue wearing a surgical mask or respirator for source control within the facility. All HCP must also continue to report temperature and absence of symptoms each day. Health care facilities should understand that shortening the duration of a work restriction might result in additional transmission risks.

SNF HCP and Residents

SNFs should also generally use the CDC's risk assessment framework to determine the risk of exposure and application of work restrictions for HCP with potential exposure to patients, visitors, or other HCP with confirmed COVID-19 in a health care setting. CDC guidance for assessing travel and community-related exposure should be applied to HCP with potential exposures outside of work (e.g., household) and exposures among HCP exposed to each other while working in non-patient care areas (e.g., administrative offices).

CDPH guidance on the duration of quarantine recommends that SARS-CoV-2 exposed individuals who reside in a high-risk congregate living setting, such as SNF residents, quarantine for 14 days. HCP exposed to SARS-CoV-2 that work in a high-risk congregate living setting should also quarantine and be excluded from work for **14 days** in the absence of staffing shortages. During critical staffing shortages, exposed asymptomatic HCP are not prohibited from returning to work after **Day 7** from the date of last exposure if they have received a **negative PCR test result from a specimen collected after Day 5 after the date of last exposure**.

In general, during an outbreak in a SNF, all HCP are considered potentially exposed and may continue working as long as they remain asymptomatic and are serially tested as part of facility-wide outbreak response testing. All potentially exposed HCP must continue wearing a surgical mask or respirator for source control within the facility, and report temperature and absence of symptoms each day.

If you have any questions regarding this AFL, quarantine guidance or work restrictions, please contact CDPH Healthcare-Associated Infections Program via email at HAIProgram@cdph.ca.gov or novelvirus@cdph.ca.gov.

Sincerely,

Original signed by Heidi W. Steinecker

Heidi W. Steinecker
Deputy Director

Resources

- [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#)
- [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
- [Public Health Guidance for Potential COVID-19 Exposure Associated with Travel](#)
- [Public Health Guidance for Community-Related Exposure](#)

- Strategies to Mitigate Healthcare Personnel Staffing Shortages

Center for Health Care Quality, MS 0512 . P.O. Box 997377 . Sacramento, CA
95899-7377

(916) 324-6630 . (916) 324-4820 FAX

Department Website (cdph.ca.gov)



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