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The guidelines and protocols included in this document were developed in consultation with the California Department of Public Health, Healthcare Associated Infections (HAI) Program and provide guidelines for COVID-19 transmission-based precautions and testing. These guidelines represent current best practices and may require regular updates. These are the minimum requirements. Each hospital develops local operating procedures to support these protocols based on their resources, staffing and physical plant layout. Local Public Health Department collaboration is highly encouraged to further support these State protocols.

Definitions

**Admission Observation Unit (AOU):** Houses patients arriving to the hospital for admission and in certain circumstances patients arriving from receiving outside care/services. Patients are isolated and tested for at least 10 days. CDC defines this prevention measure as Routine Intake Quarantine.

**Fully vaccinated:** Patient or staff 2 weeks or longer after receiving the second dose in a 2-dose series COVID-19 vaccine OR two weeks or longer after receiving one dose of a single-dose vaccine. For staff who did not receive vaccination via DSH, proof of vaccination must be provided before they are considered fully vaccinated.

**Healthcare Personnel (HCP):** All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

**Isolation Area:** Separates patients who refuse testing from those that are under serial testing. Isolation areas may be in a home unit or any specified locations within each hospital.

**Isolation Unit:** Separates confirmed COVID-19 (+) patients from people who are not infected.

**Persons Under Investigation (PUI) Unit/Rooms:** Separates patients in individual rooms that have symptoms consistent with COVID-19 disease who are not confirmed to be infected.
Personal Protective Equipment (PPE): Refers to protective clothing, helmets, gloves, face shields, goggles, surgical masks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness, and chemical and biological hazards.

Quarantine Unit: Houses asymptomatic patients that have been exposed to a patient or an HCP (either assigned to the unit or visiting) that is suspected (PUI) or confirmed with COVID-19 infection. A Quarantine Unit is activated when patients are exposed to a confirmed or suspected COVID-19 patient or HCP.

Transmission-Based Precautions: The second tier of basic infection control that are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Contact Precautions: Precautions for patients with known or suspected infections that represent an increased risk for contact transmission. Examples include COVID-19, MRSA, VRE, diarrheal illnesses, open wounds and RSV.
I. Admission Testing

Unvaccinated patients that arrive for admission to a DSH hospital undergo COVID-19 RNA testing and are housed when possible as a cohort in an Admission Observation Unit (AOU) where they are separated from the rest of the hospital. Fully vaccinated patients arriving to DSH for admission, returning from out-to-hospital/clinic or out-to-court can proceed to their regularly assigned units if asymptomatic and if without known exposure after undergoing antigen or PCR testing upon arrival. Unvaccinated patients are tested at day 1, 5, and 10. If all three tests are negative, the patient can be moved to be housed in a regular unit if asymptomatic. If any of the three tests returns positive the patient is immediately moved to an isolation unit and the cohort testing schedule resets to day 1. If the following sequential two tests are negative, the patient can then be moved to be housed in a regular unit. Isolation units house confirmed COVID-19 patients. While housed in an AOU, if the patient develops symptoms consistent with COVID-19 disease, they are immediately moved to a patient under investigation (PUI) room where the patient is isolated and undergoes testing. DSH Management of COVID-19 Patients and PUI contains detailed instructions on what actions to take if a patient is suspected or is confirmed to have COVID-19.

Table 1.

<table>
<thead>
<tr>
<th>REQUIRED PPE</th>
<th>PATIENT CARE (LESS THAN 6 FEET APART)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Surgical mask</td>
<td>● N-95 Respirator</td>
<td>● Gown</td>
</tr>
<tr>
<td></td>
<td>● Face Shield</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Gloves</td>
<td></td>
</tr>
</tbody>
</table>
Figure 1. **COVID-19 ADMISSION & SERIAL TESTING OF NON-FULLY VACCINATED PATIENTS**

- Patients arriving to DSH hospitals from the CA Department of Corrections and Rehabilitation or County Jails may have been tested prior to transportation.
- Patients are admitted as cohort/groups and are housed together during sequestration/observation period. One cohort is assigned to only one admission observation unit.
- Anytime a patient presents as symptomatic they are admitted to PUI unit.
- Anytime a patient tests positive for COVID-19 they are admitted to the Isolation Unit.
II. Quarantine Testing

Quarantine units house patients that have been exposed to COVID-19 while receiving care in the hospital. A Quarantine Unit is activated when there is a confirmed or suspected COVID-19 patient and/or HCP. If a unit is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, the unit can be released from quarantine and retesting should be considered. See Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities. All patients undergo serial response testing at baseline, day 7 and day 14. If all patients test negative for all three tests the quarantine status is discontinued. If a patient has a positive test result, the unit continues in quarantine which will be released when no new patient positive test results are found for 2 consecutive rounds of testing, separated by 7 days and excluding baseline testing. Quarantine can be released based only on patient negative test results and the absence of any new onset of illnesses among patients and/or employees (HCPs).

Serial Response testing for staff (HCP), Hospital Police Officers (HPO) and Correctional Officers when applicable, is performed every seven days until there are no new positive test results for 2 consecutive rounds of testing excluding baseline testing.

<table>
<thead>
<tr>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING PATIENT CARE (LESS THAN 6 FEET APART)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
</table>
| • Surgical mask | • N-95 Respirator  
• Face Shield  
• Gloves | • Gown |
Figure 2.

**QUARANTINE UNIT WORKFLOW**

- A confirmed (+) test result or a suspected case in a staff member and/or patient
  - Unit is placed on quarantine*
  - Baseline Testing performed for all patients and employees on unit (*Day 1)
  - Round 1 Testing performed for all patients and employees on unit (*7 Days Later)
  
- PCR Test Result
  - If any patient or employee tests positive.
  - If all patients and employees test negative, then Round 2 Testing performed for all patients and employees on unit (*7 Days Later)
  - PCR Test Result
  - All Patient & Employees Tests Negative (-)
  - Quarantine Lifted**

**For more information on Employee Serial Response Testing Guidance**

**For more information on Patient Admission & Serial Response Testing Guidance**

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*Asymptomatic patients that have been exposed to a patient or an employee (either assigned to the unit or visiting) that is suspected (PU) or confirmed with COVID-19 infection.

**Quarantine is lifted when baseline testing is performed and two sequential rounds of testing (separated by 7 Days) show negative results for all employees and patients.

Follow DSH Management of COVID-19 Patients & PU protocol

(+) Positive Test or Symptoms develop

Patient

Employee: Sent home

Follow Employee Return to Work
Isolation units house patients confirmed to have COVID-19 disease. All patients have had a positive test result. Patient’s transmission-based precautions are discontinued using a symptom-based or time-base strategy.

- **Symptom-based strategy:**
  - At least 1 day (24 hours) have passed since last fever without the use of fever-reducing medications, and
  - Symptoms consistent with COVID-19 disease (e.g. cough, shortness of breath, etc.) have improved, and
  - At least 10 days have passed since symptoms first appeared.
    - For severely immunocompromised patients or severely symptomatic patients, a time frame of 20 days since symptoms first appeared is recommended after consultation with either the Chief Physician & Surgeon, the Medical Director or an ID specialist. In this situation a negative “Test-based Strategy” may also be used.

- **Time-based strategy.**
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
    - For severely immunocompromised patients, a time frame of 20 days since the date of their first positive test is recommended after consultation with either the Chief Physician & Surgeon, the Medical Director or an ID specialist. In this situation a negative “Test-based Strategy” may also be used.

### Table 3.

<table>
<thead>
<tr>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING PATIENT CARE (LESS THAN 6 FEET APART)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask</td>
<td>N-95 Respirator, Face Shield, Gloves</td>
<td>Gown</td>
</tr>
</tbody>
</table>
Figure 3.

DISCONTINUATION OF ISOLATION

Patient placed in isolation

Is patient symptomatic?

If Asymptomatic then

Implement Time-Based Strategy

10 days have passed since the date of their first positive COVID-19 diagnostic test.

For severely immunocompromised patients, 20 days have passed since the date of their first positive COVID-19 diagnostic test.

This assumes patient has not subsequently developed symptoms since their positive test.

Discontinue Isolation

If Symptomatic then

Implement Symptom-Based Strategy

At least 1 day (24 hours) has passed since last fever without the use of fever-reducing medications and symptoms have improved and,

At least 10 days have passed since symptoms first appeared.

For severely immunocompromised patients or patients that had severe to critical COVID-19 illness and who received treatment at an outside hospital, at least 20 days have passed since symptoms first appeared.

Discontinue Isolation

See DSH Management of COVID-19 Patients & PUI protocol for additional information.

## IV. Diagnostic Screening Testing

The purpose of a diagnostic screening testing is to detect new cases, prevent exposure, and mitigate outbreaks. Congregate living has the potential for rapid and widespread transmission of COVID-19. A broader testing strategy is recommended to reduce the chance of a large outbreak when contact tracing is difficult to perform. This is especially relevant with COVID-19 since there is a high proportion of asymptomatic cases. DSH in consultation with the California COVID-19 Testing Task Force and the California Department of Public Health (CDPH), Healthcare Associated Infection Program, has adopted diagnostic screening testing. HCP testing is mandatory. If an HCP refuses to be tested, disciplinary action may be taken.

DSH performs diagnostic screening testing of HCP who provide direct patient care or who work in patient care areas using the Abbott BinaxNOW Antigen Card. This also includes but is not limited to HCP providing transportation, environmental services, culinary/dietary services to the unit, Hospital Police Officers (HPO) and Correctional Officers (CO) that provide transportation and escort patients to outside community services. Staff not assigned to direct patient care areas are tested weekly by PCR. For weekly testing, DSH uses PRC testing processed at the CA Valencia Laboratory.

If a staff's BinaxNOW Antigen Card test result is presumptive positive for COVID-19 infection, the supervisor arranges for the staff to immediately leave the patient care area and the staff is tested by PCR. Employees will receive ATO for their entire shift on the day they are sent home due to positive screening.

### A. Diagnostic Screening - Staff Antigen Testing

- Until 06/30/21 hospitals are to perform daily antigen testing of all healthcare personnel working in patient care areas regardless of the healthcare personnel’s vaccination status. Effective, 07/01/21 - hospitals may reduce antigen testing to 2 times per week or one time PCR weekly for asymptomatic fully vaccinated HPC. Unvaccinated or partially vaccinated HCP will continue to be tested daily.
  
- A hospital may discontinue diagnostic screening testing of all asymptomatic HCP who are fully vaccinated when:
  - 70% of residents are fully vaccinated **and**
  - 70% of staff are fully vaccinated
• Hospitals may consider continuing routine screening testing for fully vaccinated staff with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

• Hospitals may increase testing as local conditions, such as community infection rates and hospital outbreaks warrant.

B. Weekly Diagnostic Screening - PCR Testing

• Staff who are not assigned to direct patient care delivery are surveillance/screening tested on a weekly basis.

• If the PCR test result is negative, the staff continues working and is tested the following week.

• If the results are positive, the supervisor instructs the staff to immediately leave the hospital and to isolate in the community. Employees will receive ATO for their entire shift on the day they are sent home due to positive screening.

• The staff works closely with the hospital during their absence from work.

• The staff follows the Return-To-Work protocol included in this document and returns to work using a time-based or symptom-base strategy as discussed in Section VII.

C. Skilled Nursing Facilities Diagnostic Screening Testing

• DSH follows all CDPH AFLs for diagnostic screening in SNF units.

• SNF units follow DSH’s Diagnostic Screening/Routine testing of staff as above.

• SNF units test at a minimum a random sample of 10% of all patients weekly, or as required by local public health department.

D. If an HCP has recovered from COVID-19 disease, they do not participate in surveillance/screening or response testing for 3 months (90 days from release from isolation).

1 Fully-vaccinated healthcare personnel with positive test results and Ct values of greater than 33 may be asked to retest, see page 15, V. Fully Vaccinated Asymptomatic Patients and HCP
COVID-19 EMPLOYEE DAILY ANTIGEN DIAGNOSTIC SCREENING TESTING

Asymptomatic Employee Begins Antigen Card Diagnostic Screening Testing

Employee undergoes PCR testing and isolates in the community pending results

Positive (+)

Follow Return to Work Flowchart

Negative (-)

Remain at work

Continue Employee Screening Antigen Testing

For SNF units please see DSH SNF Testing and Surveillance

References:

- AFL-20-53.4 Corona Virus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) June 7, 2021
- California Department of Public Health (CDPH) Hospital Acquired Infections (HAI) Team consultation
**COVID-19 WEEKLY PCR EMPLOYEE SURVEILLANCE / SCREENING TESTING**

Begin Employee Surveillance Testing

Employee PCR Test Results

If positive PCR then Send home. Monitor for symptoms of COVID-19.*

Employee PCR Test Results

If PCR test is negative then Remain at work. Continue working with symptoms check and routine transmission-based precautions.

Follow Return to Work Flowchart

* Fully-vaccinated healthcare personnel with positive test results and Ct values of greater than 33 may be asked to retest, see page 15, V. Fully Vaccinated Asymptomatic Patients and HCP

- AFL-20-53.4 Corona Virus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) June 7, 2021
- California Department of Public Health (CDPH) Hospital Acquired Infections (HAI) Team consultation.
Figure 6.

SKILLED NURSING FACILITY COVID-19 DIAGNOSTIC SCREENING TESTING

Continue Screening Testing

- Negative (-)
  - Patient PCR Test Result
    - Positive (+) → Admission to Isolation Unit
    - Negative (-) → Continue Screening Testing

Begin SNF Surveillance Testing

Testing Patient or Employee?

- Patient
  - Positive (+) → Admission to Isolation Unit
  - Negative (-) → Continue Screening Testing

- Employee
  - Positive (+) → Follow Employee Serial Response Testing Flowchart
  - Negative (-) → Employee PCR Test Result
    - Positive (+) → Follow Return to Work Flowchart
    - Negative (-) → Continue Screening Testing

Follow Admission & Serial Testing Flowchart

Follow Employee Serial Response Testing Flowchart

Follow Return to Work Flowchart

Reference: AFL-20-53.4 Corona Virus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) 5/7/2021

Baseline testing includes ALL patients and HCPs on SNF units

DSH follows all CDPH AFLs for surveillance/screening testing in SNF units
V. Fully Vaccinated Asymptomatic Patients and HCP COVID-19 Testing

Patients and HCP who are fully vaccinated, asymptomatic and test positive by antigen test or PCR, quarantine along with the assigned unit and a confirmatory PCR test is performed. For antigen test, the results are confirmed by PCR with Ct values.

DSH uses the State of California Department of Public Health – Valencia Branch Laboratory to process PCR samples. The assay in this lab is more sensitive than other PCR assays that are used in community-based laboratories, for this reason a Ct value of 33 is recommended by CDPH as the cut off for clinical relevant cases.

If the patient PCR Ct value is less than or equal to 33, the patient and the unit are placed on quarantine. If the HCP PRC Value is less than or equal to 33, the HCP quarantines for 10 days prior to returning to work and their assigned unit is placed on quarantine.

If the Ct value is greater than 33, the PCR test is repeated within 48 hours. If the second PCR test is negative, the patient or HCP and the assigned unit are released from quarantine. If the second PCR test is positive, the patient or HCP and the unit continue quarantine protocols.

Figure 7.

ASYMPTOMATIC FULLY VACCINATED PATIENTS AND HCP COVID-19 TESTING AND RESPONSE

- **Daily antigen testing**
  - Antigen Test Result
    - Negative (-)
    - Continue Screening
    - Positive (+)

- **Weekly PCR**
  - PCR Test Result
    - Negative (-)
    - Positive (+)

- **Patient and HCP Response Testing**
  - CT Level
    - CT > 33
      - 1. Isolate HCP
      - 2. Repeat PCR in 48 hours
      - 3. Quarantine Patient Unit
    - CT ≤ 33
      - Follow all existing isolation and quarantine protocols for COVID-19

All PCR Tests are processed at the Valencia laboratory

If PCR test not processed at the CDPH Valencia Lab, please see Figure 9

Symptomatic patients follow Figure 9

Unvaccinated HCP continues Antigen Card Surveillance/Screening Testing

1. HCP Return to Work
2. Patient quarantine lifted
3. Patient Unit Quarantine lifted
V. Patient Testing Refusal

If a patient refuses testing, the HCP provides education and members of the treatment team develop a plan to incentivize the patient to participate in testing. Surveillance testing is voluntary for patients. If, despite of all efforts, the patient refuses to test during the admission process, while in quarantine or for response testing, the patient is placed in an isolation area for 14 days. For patients that are refusing testing in AOU, Quarantine Units and in isolation, testing is offered at least daily and is performed as soon as the patient agrees to test.

Figure 8.
VI. Healthcare Personnel (HCP) Screening

All HCP undergoes COVID-19 screening prior to entering the care areas of the hospital. DSH HCP screening process consist of a primary screening and a secondary screening. Prior to entering the hospital, the primary screener takes the HCP’s temperature and asks if in the last 14 days the HCP member has been in contact with an individual who has been diagnosed with COVID-19 and if the HCP is experiencing the following symptoms:

- Fever or chills
- Cough, dry or productive
- Dyspnea or difficulty breathing
- Fatigue
- Myalgia/muscle aches or body aches
- Headaches
- New loss of taste or smell
- Sore throat
- Nasal congestion or runny nose
- Nausea, vomiting and diarrhea

If the temperature of the HCP is equal or greater to 100°F or answered “Yes” to any of questions, the HCP undergoes secondary screening.

The secondary screening is performed by a RN. During the secondary screening process the HCP’s temperature is taken again and more detailed questions are asked to determine if the HCP should be sent home or can proceed to enter the hospital and report to their assigned workspace.

During the secondary screening process, the RN confirms the symptoms and determines if the HCP had a prolonged close exposure to an individual with COVID-19 disease. The RN completes the DSH Secondary Screening Healthcare Personnel (HCP) Questionnaire. At the end of each shift all questionnaires are returned to the Public Health Office.

If an HCP is sent home, the RN provides to the HCP member DSH COVID-19 Positive Risk Screening Instruction Form. This form contains instructions on what are the steps for the HCP to take from home.

All HCP screeners, primary and secondary, undergo surveillance testing monthly.

Table 4.

<table>
<thead>
<tr>
<th>REQUIRED PPE</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask</td>
<td>N-95 Respirator</td>
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<tr>
<td>Face Shield</td>
<td>Gown</td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
</tr>
</tbody>
</table>
VII. Return to Work

If an HCP tests positive for COVID-19 by PCR, they are sent home to follow a symptom-based or time-based strategy to return to work. If an HCP develops symptoms consistent with COVID-19 disease, they follow a symptom-based strategy for return to work. If the HCP does not develop symptoms consistent with COVID-19, they follow a time-based strategy to return to work.

Figure 9.

COVID-19 EMPLOYEE RETURN TO WORK AFTER POSITIVE PCR TEST RESULT

- Employee has positive PCR test result
- Employee sent home

Is employee symptomatic?

- Yes: Follow Symptom-Based Strategy (10 days)
- No: Follow Time-Based Strategy (10 days)

Employee follows hospital Return to Work policy

References:
- AFL-20-53 Corona Virus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) 5/22/2020
- California Department of Public Health (CDPH) Hospital Acquired Infections (HAI) Team consultation

Unvaccinated staff confirmed to have an exposure to someone with COVID-19 are excluded from work. Fully vaccinated, asymptomatic HCP are not required to quarantine after an exposure. Fully vaccinated HCP who are exposed monitor for developing symptoms consistent with COVID-19 disease. If symptoms develop, the HCP quarantines at home and follow DSH testing and return to work protocols.
COVID-19 EMPLOYEE RETURN TO WORK AFTER EXPOSURE IF NOT FULLY VACCINATED OR AFTER A POSITIVE ANTIGEN TEST

Unvaccinated employee has a confirmed exposure to someone who has COVID-19 or any employee test (+) Antigen Test

Employee is tested by PCR and home quarantines. Complies with Hospital Administration instructions and requests.

Does the employee have a negative PCR test result?

YES → Employee follows hospital Return to Work policy

NO → Follow Return to Work after Positive PCR Test Result Workflow

References:
- AFL-20-53 Corona Virus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF) 5/22/2020
- California Department of Public Health (CDPH) Hospital Acquired Infections (HAI) Team consultation
VIII. Travel Guidance for HCP

DSH follows CDC guidelines for domestic (within the US and territories) and internationally travel.

Table 5.

<table>
<thead>
<tr>
<th>DOMESTIC TRAVEL</th>
<th>NOT VACCINATED</th>
<th>FULLY VACCINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get tested 1-3 days before traveling</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Get tested 3-5 days after traveling</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Quarantine for 7 days if tested</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>or 10 days if not tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-monitor symptoms</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wear mask and take other precautions</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERNATIONAL TRAVEL</td>
<td>NOT VACCINATED</td>
<td>FULLY VACCINATED</td>
</tr>
<tr>
<td>Get tested 1-3 days before traveling</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Get tested 3-5 days after traveling</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Quarantine for 7 days if tested</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>or 10 days if not tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-monitor symptoms</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wear mask and take other precautions</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
IX. Visitation During Re-Opening

In-person visitation may be modified or suspended based on the hospital’s current COVID-19 conditions or as recommended by CDC, CDPH and local Public Health Department guidance.

Infection prevention measures are performed by hospital staff before and after each visit.

Visitors are screened for COVID-19 signs and symptoms and close contact with individuals with COVID-19 in the prior 14 days. Visitors will have their temperature taken.

Visitors who are screened out will be asked to leave the hospital immediately and reschedule the visit.

Visitors are encouraged to test prior to visit. A negative PCR test result obtained within 72 hours of the visit can be used as proof of virus status and allows for visitation. If a visitor has tested positive for COVID-19 in the last 90 days but are no longer positive the visitor will be required to provide proof of the positive test (less than 90 days but more than 10 days from the visit).

Up to two adult visitors and a minor are allowed depending on the hospital ability to maintain transmission-based precautions and minor visitation policies. Children who can visit should be able to follow infection control precautions and is recommended all their routine vaccinations be up to date.

Antigen Testing of visitors 16 years of age and older is required for in-person visitation if negative PCR results not provided. A negative result is required for the visit.

Video visitations will continue during reopening.

Vaccinated and unvaccinated patients with active COVID-19 disease or in quarantine are not permitted to have visitors until release criteria from isolation or quarantine are met.

Admission Observation Units are not permitted to have in-person visits.

Unvaccinated or partially vaccinated patients are not permitted in-person visitors until fully vaccinated. We strongly encourage all visitors to be vaccinated, but we do not provide vaccine for visitors.
In-person visitation will be at least 30 minutes in duration.

No food or drink is allowed during visitation.

Facilities shall have a plan to manage visitations and visitor flow with clear directions posted for all visitors.

Facilities will limit number of visitors per patient and total number of visitors at one time in order to maintain infection control precautions.

Risks associated with visitation shall be explained to patients and visitors.

Hand hygiene should be performed by both parties before and after the visit and source control (masks) be worn regardless of the COVID-19 vaccination status.

During the visit:

- Visitors and residents wear masks for source control during visitation. The only exception is children under the age of 2. Surgical masks will be provided and required to be worn by visitors at the hospital.
- Visitors and patients maintain 6-feet distance during the visit.
- Fully vaccinated patients can choose to briefly touch visitors at the beginning and end of each visit while wearing a mask.
- Visitors shall maintain distance from other patients and staff.
- All other facility policies related to visiting regulations, attire, and allowable items remain in effect.

These visitation guidelines do not apply to official visitors, such as attorneys, court ordered evaluations, and conservators who will always be required to wear masks, maintain distance of 6 feet and perform frequent hand hygiene.

X. Guidelines for Patient Activities During Re-Opening

Guidelines are based on recommendations by the CDPH and public health departments where the hospital is located. All off-unit activities should be conducted with source control (cloth covering/masks) and maintaining 6-feet of distance at all tiers. Hospitals may be more restrictive based on the hospital’s current COVID-19 conditions or as recommended by CDC, CDPH and local Health Departments guidance.
These guidelines for opening activities and services in DSH have been developed with the intent to provide the hospitals a thoughtful and safe road map to full operations by August 16, 2021. More rapid progression to Phase 3 is allowed if resources and safety permits. Each Hospital’s Executive Team can modify this plan to account for local conditions and transmission patterns or based on guidance by the local Health Department.

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>JUNE 16 TO JULY 15, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off Unit Courtyard Meals</td>
<td>Up to 45% of total hospital units</td>
</tr>
<tr>
<td>Groups Religious services</td>
<td></td>
</tr>
<tr>
<td>Patient workers</td>
<td></td>
</tr>
<tr>
<td>Barbershop/Beauty Salon</td>
<td>Individual at the site or on the unit</td>
</tr>
<tr>
<td>Patient Gym/Sports</td>
<td>Up to 50% capacity</td>
</tr>
<tr>
<td>Visitation</td>
<td>In-person visitation in Visitation Area for fully vaccinated. Partially or non-vaccinated patients by video.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHASE 2</th>
<th>JULY 16 TO AUGUST 15, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off Unit Courtyard Meals</td>
<td>Up to 75% of total hospital units</td>
</tr>
<tr>
<td>Groups Religious services</td>
<td></td>
</tr>
<tr>
<td>Patient workers</td>
<td></td>
</tr>
<tr>
<td>Barbershop/Beauty salon</td>
<td>Up to 50-75%</td>
</tr>
<tr>
<td>Patient Gym/Sports</td>
<td>Up to 75% capacity</td>
</tr>
<tr>
<td>Visitation</td>
<td>Unvaccinated patients test by PCR 72 hours before and after the visit or antigen test just prior to in person visit. Patients who were antigen tested are tested after the visit by PCR. Virtual visits available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHASE 3</th>
<th>AFTER AUGUST 16, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital at full operations</td>
</tr>
</tbody>
</table>
XII. Influenza During the Pandemic and the COVID-19 Rapid Antigen Test

This guidance is developed based on CDC recommendations to address the combined risk faced by patients and staff during the upcoming flu season and ongoing COVID-19 pandemic. While more is learned daily, there is still a lot that is unknown about COVID-19 disease and the virus that causes it. CDC recommendations and this Guidance may change in the future as more information about COVID-19 becomes available.

Please refer to the DSH CLINICAL GUIDANCE INFLUENZA PREVENTION AND CONTROL DURING THE COVID-19 PANDEMIC for more detail information.

The following recommendations are also applicable to other respiratory infections besides COVID-19 and Flu such as Respiratory Syncytial Virus (RSV), Strep Throat and others.

Influenza (Flu) and COVID-19 are contagious respiratory illnesses caused by different viruses. COVID-19 is caused by infection with a new coronavirus (SARS-CoV-2) and flu is caused by infection with influenza viruses.

It is possible to be infected with the flu, as well as other respiratory illnesses and COVID-19 at the same time. Health experts are studying how common this can be. Flu and COVID-19 share many characteristics including similar symptoms; it may be hard to tell the difference between both infections based on symptoms alone, and TESTING MAY BE NEEDED TO HELP CONFIRM A DIAGNOSIS. Diagnostic testing can help Health Care Providers (HCP) to determine if a patient is sick with flu or similar respiratory infections, and/or COVID-19. More information about clinical similarities and the differences between Flu and COVID-19 are provided in the following Weblinks:

https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#

https://www.cdc.gov/flu/symptoms/testing.htm
Utilize the laboratories available in your hospital to perform the necessary COVID-19, Influenza A/B and Respiratory Syncytial Virus (RSV) tests in compliance with CDC guidance.

**Patients who present with symptoms consistent with COVID-19 disease and other respiratory infections require isolation until COVID-19 diagnostic testing is performed and COVID-19 is confirmed or ruled out.** Patient can be infected with COVID-19 and other respiratory viruses such as Influenza and RSV at the same time.

California Department of Public Health (CDPH) recommends that congregate living setting develop plans to quickly diagnosis, isolate and treat Influenza considering the current SARS CoV2 Pandemic. In high risk setting as in the DSH-Hospitals, once influenza is circulating in the community, it will be important to rapidly test for both flu and SARS-CoV-2 whenever anyone presents with respiratory tract signs and probably G.I. tract symptoms/signs.

The symptoms of influenza and Covid-19 overlap. An individual infected with either Influenza viruses or SARS CoV2 virus can present with fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and/or fatigue. Viral assays are important to aid the diagnostic process because it is very difficult to determine the source of the infection by only clinical symptoms.

**Infections with Influenza and SARS- CoV2 are important to diagnose quickly because:**

1) Both infectious diseases can spread rapidly in congregate living settings,

2) The decision to isolate a patient with both Covid-19 and Influenza is very important and patients with one illness should not be isolated in the same location as patients with the other illness.

3) Patients co-infected with Influenza (A or B) virus AND SARS-CoV2 should be isolated separate from patient infected with either SARS CoV2 virus OR Influenza virus to decrease risk of co infection to the whole population.

4) A co-infection with both Covid-19 and Influenza viruses leads to 5.92 times the mortality than in a patient without either viral infection.

5) Influenza A and B viral infections have several pharmacological treatment options, all of which work best if initiated within 48 hours of diagnosis.

6) While there is no definitive prophylaxis to prevent Covid-19 infection, the CDC recommends chemoprophylaxis for any patient who has contact with an individual known to have been infected with Influenza regardless of Influenza vaccination status.

7) While Influenza viral testing is not required to make a clinical diagnosis of Influenza in the setting of an Influenza outbreak, the distinction between Influenza and SARS- CoV2 in the time of a Corona virus pandemic is critical.
8) Multiple commercial molecular assays are available for the diagnosis of both Influenza and SARS-CoV2, and the faster a positive test can be returned, the faster the response to an outbreak in a high-risk clinical setting.

9) Rapid antigen tests can return results in as fast as 15 minutes and can be done at the point of care, while Rt-PCR assays require a CLIA approved laboratory and typically return in 24-48 hours (if available test reagents and lab support are available). A 24-48 hours TAT cannot be guaranteed specially during time of increasing wide spread of C-19 or influenza and increasing the demands for testing and reporting of results.

10) The use of a rapid antigen testing for both Influenza and SARS-CoV2 is not meant to replace the use of RT-PCR as gold standard diagnosis of SARs-CoV2 but can be additive in the clinical decision tree of diagnosis and treatment. All negative rapid antigen tests should be confirmed by Rt-PCR test results.
INFLUENZA INVESTIGATION AND PREVENTION DURING THE COVID-19 PANDEMIC

INFLUENZA OUTBREAK: At least 2 patients with influenza-like illness (ILI) within 72 hours of each other AND at least one patient with laboratory confirmed influenza, preferably by molecular assay (RT-PCR preferred). The unit is placed in quarantine until 7 days after the last case is identified. The non-positive patients in the unit are treated with chemoprophylaxis for at least 14 days and 7 days after the last case is identified in the unit.

Patient presents with Respiratory Symptoms or other symptoms consistent with Influenza-like illness (ILI)/COVID-19 Infection

(+/-) COVID test
Influenza not present in hospital or community

Follow DSH Management of COVID-19 Patients & PUI Guidelines

Rapid Antigen Test (RAT) for COVID-19 and Influenza has been confirmed by PCR in the hospital and influenza is present in the community. Confirm all (-) RAT for COVID with RT-PCR assays

(-) COVID
(+/-) FLU symptoms

PUI Single Room/Unit, And Flu PCR

(+/-) COVID
(+/-) FLU symptoms

Follow DSH Management of COVID-19 Patients & PUI Guidelines

(-) FLU

Individual Isolation

Approved by DSH Executive Team on 11/23/2020
### XIII. COVID-19 Units/Processes and Personal Protective Equipment (PPE) Summary

**Table 7.**

<table>
<thead>
<tr>
<th>UNIT TYPE or PROCESS</th>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING DIRECT PATIENT CARE (less than 6 feet apart)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolation Unit:</strong> Separates COVID-19 (+) patients from people who are not sick.</td>
<td>• Surgical mask</td>
<td>• N95 respirator&lt;br&gt;• Face Shield&lt;br&gt;• Gloves</td>
<td>• Gown</td>
</tr>
<tr>
<td><strong>PUI Room(s):</strong> Houses patients in individual rooms that have symptoms consistent with COVID-19 disease who are not confirmed to be infected. If the patient tests (+) they are moved to an Isolation Unit. If the patient tests (-) they continue to have serial testing. The patients can be moved to a regular unit if asymptomatic and test results are negative at DAY 1 (baseline) and two consecutive rounds of testing separated by 5 days.</td>
<td>• Surgical mask</td>
<td>• N95 respirator&lt;br&gt;• Face Shield&lt;br&gt;• Gloves</td>
<td>• Gown</td>
</tr>
</tbody>
</table>
**Admissions Observation Unit**: Houses patients arriving to the hospital for admission and in certain circumstances patients arriving from receiving outside care/services. Upon arrival at the hospital all patients are screened and tested (DAY 1) for COVID-19 disease. Patients are triaged according to their known exposure risk and symptoms. Patients are cohorted and undergo serial testing together. If symptoms consistent with COVID-19 are present, the patient is housed in a PUI room or Isolation Unit. The patients can be moved to a regular unit if asymptomatic and test results are negative at DAY 1 (baseline) and two consecutive rounds of testing separated by 5 days.

<table>
<thead>
<tr>
<th>UNIT TYPE or PROCESS</th>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING DIRECT PATIENT CARE (less than 6 feet apart)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
</table>
| Admissions Observation Unit | • Surgical mask | • N-95 respirator  
• Face Shield  
• Gloves | • Gown |
<table>
<thead>
<tr>
<th>UNIT TYPE or PROCESS</th>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING DIRECT PATIENT CARE (less than 6 feet apart)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
</table>
| Quarantine Unit: Houses asymptomatic patients that have been exposed to a patient or a staff (either assigned to the unit or visiting) that is suspected (PUI) or confirmed with COVID-19 infection. Patients are monitored closely for development of symptoms consistent with COVID-19 disease. If all patients continue to be asymptomatic and test results are negative at DAY 1 (baseline) and two consecutive rounds of testing separated by 7 days (Example: DAY 7 and DAY 14 or DAY 14 and DAY 21) the unit can be released from quarantine. | • Surgical mask | • N95 respirator  
• Face Shield  
• Gloves | • Gown |
| Regular Unit: Unit that has not been placed on quarantine and does not have patients being treated, under investigation, or being observed for COVID-19. | • Surgical mask | • Surgical mask | • Face Shield  
• Gloves |
| HCP Screening Process     | • Surgical mask  
• Face Shield  
• Gloves | N/A | • N-95  
• Gown |
<table>
<thead>
<tr>
<th>UNIT TYPE or PROCESS</th>
<th>REQUIRED PPE</th>
<th>REQUIRED PPE WHEN PROVIDING DIRECT PATIENT CARE (less than 6 feet apart)</th>
<th>AVAILABLE UPON REQUEST</th>
</tr>
</thead>
</table>
| CPR/ACLS             | • N-95 respirator  
 • Face Shield  
 • Gloves  
 • Gown | N/A                                                      |                         |
| High Risk Procedures: COVID testing, blood draw, dental | • N-95 respirator  
 • Face Shield  
 • Gloves  
 • Gown | N/A                                                      |                         |
| Transportation Staff: Any staff assigned to transport or escort a COVID+ patient or PUI in a vehicle (Example: To OMF appointments or on bus between compounds). | • N-95 respirator  
 • Face Shield  
 • Gloves  
 • Gown | N/A                                                      |                         |
| Administrative or Non-Treatment Areas Located Outside the STA With No Patient Contact: Staff or visitors to offices and departments on grounds but outside secured treatment area. | • Personal cloth face coverings are allowed, or  
 • Surgical mask | N/A                                                      |                         |