



## ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19 Prevention of COVID-19 Transmission in Skilled Nursing Facilities

Revised Order Issued: September 22, 2022

Effective as of 12:01am on Friday, September 23, 2022

This Order supersedes the July 25, 2022 Prevention of COVID-19 Transmission in Licensed Congregate Health Facilities Order, as it relates to Skilled Nursing Facilities.

This Order is in effect until rescinded by the Health Officer.

### Recent Updates (Changes highlighted in yellow):

9/22/2022:

- Facilities are no longer required to verify vaccination status and/or negative test results for general visitors seeking indoor visitation. Please see ["Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities"](#) for full guidance on conducting visitation safely.

**Summary:** During a State of Emergency, California law empowers the County of Los Angeles Health Officer (Health Officer) to take necessary measures to protect the public from a public health hazard. The spread of COVID-19 remains a substantial danger to the health of the public and to patients/residents in licensed skilled nursing facilities (SNFs) in Los Angeles County.

Infection control, regular testing of residents and employees, screening testing for all visitors and social (physical) distancing measures are needed to stem or slow the spread of COVID-19 and decrease the risk of transmission to vulnerable patients/residents in high-risk health care settings and the staff who care for them. Accordingly, the Health Officer hereby requires all licensed skilled nursing facilities ("Facility"), operating within the Los Angeles County Public Health Jurisdiction, to comply with all measures in this Order. The required measures are intended to reduce the transmission of COVID-19 in these facilities and to protect vulnerable residents and personnel.

This Order is effective immediately and will remain in effect until rescinded, superseded, or amended in writing by the Health Officer.

This Order continues to be based upon scientific evidence and updated best practices known to protect patients, personnel, and the public from the avoidable risk of serious illness and death resulting from COVID-19, as well as to protect the health care system from a surge of cases. The required actions are consistent with guidance from the Centers for Disease Control and Prevention ("CDC"), the U.S. Centers for Medicare & Medicaid Services ("CMS"), the California Department of Public Health ("CDPH"), and the Los Angeles County Department of Public Health ("LAC DPH").



UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, 120175, AND 120295, THE HEALTH OFFICER ORDERS THE FOLLOWING FOR ALL LICENSED SKILLED NURSING FACILITIES, IN THE LOS ANGELES COUNTY PUBLIC HEALTH JURISDICTION:

**1. Entry and Access to the Facility**

a. The Facility can only allow entry and access to staff, contracted healthcare professionals, service providers, first responders including emergency service personnel, essential visitors, and other permitted visitors, as per latest California Department of Public Health (CDPH) All Facilities Letter (AFL), posted at: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx> and reflected in LAC DPH SNF Guidance: <http://ph.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention>.

b. The Facility must require all persons to undergo an entry screening as described in the LAC DPH SNF Guidance: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#preventionpractices>. This includes all staff, residents, and essential and non-essential (general) visitors. Anyone with a recent diagnosis of COVID-19, symptoms of COVID-19 infection, or close contact with a confirmed case in the past 14 days (visitors) or higher-risk exposure (staff) is prohibited from entering the Facility.

The only exception to entry screening is Emergency Medical Service (EMS) workers.

c. For purposes of this Order: "Premises" includes, without limitation, the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of the Facility.

**2. Follow LAC DPH Guidance regarding Staff Return to Work**

a. All healthcare workers must follow the LAC DPH Guidance for Monitoring Healthcare Personnel: <http://ph.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring>.

**3. Follow LAC DPH Guidance regarding Communal Dining, Group Activities, and Visitation**

a. The Facility should only resume and conduct communal dining, group activities, and visitation in compliance with LAC DPH Guidance: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#groupactivities>.

**4. Maintain Separate Areas and Staff for Patients with or Suspected of Having COVID-19**

a. The Facility shall establish separate areas within the Facility for residents/patients who have tested positive for COVID-19 and for those who are displaying symptoms associated with COVID-19, as described in the "Cohorting" section of the LAC DPH SNF Guidance: <http://ph.lacounty.gov/acd/ncorona2019/snf.htm#cohorting>.



**5. All Facility Staff and Residents Must Wear Appropriate Personal Protective Equipment (PPE)**

- a. The Facility shall require all staff to wear appropriate PPE as described in the LAC DPHSNF Guidance:  
<http://ph.lacounty.gov/acd/ncorona2019/snf.htm#InfectionPrevention>.
- b. The Facility is required to provide each resident daily with a clean non-medical face covering. Please refer to “Universal Source Control” section of LAC DPH SNF Guidance:  
<http://ph.lacounty.gov/acd/ncorona2019/snf.htm#InfectionPrevention>.

**6. Follow Recommended Infection Control Guidelines**

- a. The Facility must follow all infection control guidance in the “Infection Prevention and Control Considerations” section of the LAC DPH SNF Guidance:  
<http://ph.lacounty.gov/acd/ncorona2019/snf.htm#InfectionPrevention>.

**7. Review and Comply with Recommended Interfacility Transfer Rules**

- a. The Facility shall review and comply with State and local guidelines regarding the transfer of patients to a licensed acute care hospital or another congregate health care facility and regarding the return of patients to the Facility from a licensed acute care hospital or another congregate health care facility, including LAC DPH COVID-19 Interfacility Transfer Rules:  
<http://ph.lacounty.gov/acd/NCorona2019/InterfacilityTransferRules.htm>. LAC DPH will make final determinations regarding a Facility’s inability to comply with State and LAC DPH guidance regarding the transfer and return of patients to the Facility.

**8. Assess All Residents Testing Positive for SARS-CoV-2 for Outpatient COVID-19 Treatment**

- a. Prescribing providers or the medical director at the Facility must immediately assess all residents testing positive for SARS-CoV-2 for available and recommended outpatient COVID-19 treatment(s)\* and, if clinically appropriate, offer these treatments to eligible residents and/or their medical decision makers for the resident testing positive. Prescribing providers include physicians, advanced practice registered nurses, and physician assistants. Residents should be assessed, and treatments provided at the facility if possible. Residents should only be referred to hospitals if indicated due to their clinical acuity and should not be referred to hospitals solely for treatment of COVID-19.

\* Outpatient COVID-19 treatments include but are not limited to PAXLOVID (molnupiravir), Lagevrio (molnupiravir), and monoclonal antibodies. Please see LAC DPH’s “COVID-19 Monoclonal & Antiviral Therapy for Non-Hospitalized Patients” for more information: <http://publichealth.lacounty.gov/acd/ncorona2019/Therapeutics/>.



- b. The Facility must maintain documentation showing all residents testing positive for SARS-CoV-2 were assessed for outpatient COVID-19 treatment from their prescribing providers or the medical director during the resident's stay at the facility; at minimum, this should include date(s) of the initial assessment and the outcomes of the assessment, i.e., whether or not the resident is eligible and whether or not the resident and/or their medical decision maker accepted the treatment. The facility must provide information on COVID-19 outpatient treatment assessments for residents to LAC DPH, if requested.

**9. Take Any Additional Actions, as Directed by LAC DPH to Prevent and Mitigate Outbreaks**

- a. These additional actions may include, but are not limited to, testing of patients/residents and staff. This may include individuals with and without symptoms, as requested or per guidance provided by LAC DPH and the California Department of Public Health. All testing results should be submitted to LAC DPH within 24 hours of receipt.

**10. Take the Following Actions to Mitigate Influenza Introduction and Transmission**

- a. Offer influenza immunization to all Facility residents.
- b. Maintain a record of influenza immunization status of residents; this should document the date a person was immunized or the reason for declination.
- c. Maintain a record of influenza immunization status of staff; this should document the date the staff was immunized.
- d. Provide information on influenza vaccination status of residents and staff to LAC DPH if requested.
- e. Encourage all allowed, non-essential persons to get immunized for the current influenza season at least two weeks prior visiting the Facility. This will help decrease the risk of influenza transmission to residents and staff within the Facility.
- f. For influenza immunization information, toolkits, and locations, please visit: <http://ph.lacounty.gov/ip/influenza.htm> and <https://vaccinefinder.org/find-vaccine>.

**11. Report ALL Facility Staff and Residents with Suspected/Confirmed COVID-19 Illnesses and Deaths to LAC DPH**

- a. The Facility shall report all confirmed or suspected [COVID-19 associated deaths](#), all cases that meet the [CDC definition of Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#), all [positive SARS-CoV-2 test results from CLIA-waived point of care testing](#), and [clusters of cases or outbreaks](#) within 24 hours to LAC DPH. Find more information below and on the Coronavirus Disease 2019: Provider and Laboratory Reporting Guidelines for COVID-19 accessible here: <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#reporting>
  - i. COVID-19 associated deaths must be reported within 24 hours by:
    - Completing the [Respiratory Virus Death Report Web form](#) — or —
    - Completing the [Respiratory Virus Death Report PDF form](#) and send via



secure email to [COVIDdeath@ph.lacounty.gov](mailto:COVIDdeath@ph.lacounty.gov) — or — Telephone 888-397-3993 or 213-240-7821. Please review the reporting guidelines to ensure all COVID-19 associated deaths are reported:

<http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm#deaths>

- ii. All positive SARS-CoV-2 test results from CLIA-waived testing at the point of care setting must be reported. Facilities should report via the Long Term Care Facility COVID-19 Point of Care Test Result Report Form (<https://dphredcap.ph.lacounty.gov/surveys/?s=AFDXRMDRXA>) after a one-time registration (<https://dphredcap.ph.lacounty.gov/surveys/?s=DNNA4KPCY7>).
- iii. Clusters of cases or suspected outbreaks must be reported within 2 hours: [COVID-19 Suspected Outbreak Facility Reporting Form](#).

## 12. Offer, Track and Report COVID-19 Immunizations, as Directed by LAC DPH

- a. The Facility must offer COVID-19 immunization, including all recommended additional and booster doses, as the vaccine is made available to the facility to all residents and Facility staff including directly employed staff and staff not directly employed by the Facility, paid and non-paid, who regularly enter Facility premises one time per week (7 days) or more.
  - i. For residents who have been discharged or transferred to another facility by the time the second dose is due, the Facility that administered the first dose should ensure follow-up to offer the second dose.
  - ii. For staff who no longer regularly work at or visit the Facility that administered the first dose by the time the second dose is due, the same Facility should ensure follow-up to offer the second dose if requested.
- b. The Facility must maintain a record of COVID-19 immunization status of residents; for residents who were immunized at the Facility, this record should document the date(s) the resident was immunized, the specific immunization administered, and other information as specified by the State.
- c. The Facility must maintain a record of COVID-19 immunization status of staff; this should document the date(s) the staff member was immunized; for staff members who decline immunization, there must be documentation of a signed declination statement that indicates the reason for declination.
- d. The Facility must provide information on COVID-19 immunization status of residents and staff to LAC DPH, if requested.
- e. The Facility must follow all vaccination guidance in the “COVID-19 Vaccination Guidance” section of the LAC DPH SNF Guidance: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/#vaccination>
- f. For COVID-19 immunization information, toolkits, and locations, please visit: <http://ph.lacounty.gov/acd/ncorona2019/vaccine/>





**13. Follow LAC DPH Requirements for Infection Preventionist Staffing, Infection Prevention and Control Training, and Quality Improvement**

**a. Infection Preventionist Requirement:**

- i. The Facility's number of full-time Infection Preventionists (IPs) must be adequate to implement an Infection Prevention and Control (IPC) Program as required by [CDPH AFL 20-84](#) with expanded eligibility and minimum qualifications as per [CDPH AFL 20-51](#). Facilities deemed by LAC DPH to have insufficient IPs to meet these requirements will be directed to attain additional IPs.
- ii. At least one full-time facility IP must meet training requirements and carry out functions set forth by [CDPH AFL 20-84](#) and by Assembly Bill (AB) 2644, with expanded eligibility and minimum qualifications as per [CDPH AFL 20-51](#). Additional IP(s) as required above can be persons with approved training and who meet the eligibility and minimum qualifications per above AFLs.
- iii. These full time IP position(s) can be achieved by dividing responsibilities among more than one staff member; each staff member must meet the full-time IPC training requirements for sharing the IP position. The Facility must have a documented plan in place on how IPC Program responsibilities are assigned over multiple staff members to meet the 40 hours per week requirement for one full-time IP.

**b. Mandatory Training for Infection Preventionist:** All staff designated as IP must complete an Infection Prevention and Control (IPC) training that meets the minimum requirements listed in [CDPH AFL 20-84](#) within 90 days of beginning the IP position as a new facility staff or within 30 days of designation to the IP position if previously employed, and annually thereafter. The Facility IP meeting the CDPH AFL 20-84 requirements must complete the approved initial IPC training no later than January 1, 2021. Additional IP(s) must complete an initial IPC training no later than February 1, 2021.

**c. Mandatory Training for Facility Staff:** All staff directly employed by the Facility, including ancillary staff and non-patient facing staff (including, but not limited to, dietary, environmental services, cleaning, laundry, administration, medical records, etc.) must complete an IPC training that meets minimum requirements within 30 days of hire and annually thereafter. All facility staff who has not completed an initial IPC training must complete the training no later than February 1, 2021.

**d. Infection Prevention and Control (IPC) Training Resources:**

- i. Please refer to the webpage "LAC DPH Recommended Infection Prevention and Control (IPC) Training for Skilled Nursing Facilities": <http://publichealth.lacounty.gov/acd/ICPTrainingforSNFs.htm> or more information on minimum requirements for IPC trainings and recommended IPC training resources. Other training resources not listed may be considered on a case-by-case basis and should be first reviewed with LAC DPH, by contacting [LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov).



- ii. After completion of IPC training, both the staff member and SNF must retain records of training. The Facility must provide these records for review by LAC DPH, upon request.

**e. Infection Prevention and Control (IPC) Program Quality Improvement:** The Facility must comply with LAC DPH in review and recommendations for improvement of their IPC Program and Quality Assurance Performance and Performance Improvement (QAPI) plan as it relates to IPC both during outbreak settings and non-outbreak settings.

#### 14. Additional Terms

- a. This Order does not, in any way, restrict: (i) First responder access to the site(s) named in this Order during an emergency or (ii) local, state or federal officers, investigators, or medical or law enforcement personnel from carrying out their lawful duties at the site(s) named in this Order.
- b. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
- c. This Order is issued in accordance with and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom; the March 4, 2020 declarations of a local and public health emergency issued by the Los Angeles County Board of Supervisors and Los Angeles County Health Officer, respectively; and guidance issued by the California Department of Public Health, as each of them have been and may be supplemented.
- d. The violation of any provision of this Order constitutes an imminent threat and creates an immediate menace to public health, safety, and welfare. To protect the public's health, the County Health Officer may take additional action(s) for failure to comply with this Order.
- e. Violation of this Order is a misdemeanor punishable by imprisonment, fine or both under California Health and Section Code Section 120275 et seq and Los Angeles County Code Section 11.02.080.

The County Health Officer will continue to monitor the rate of COVID-19 disease spread, the severity of the resulting illnesses and deaths caused, California Department of Public Health and Centers for Disease Control and Prevention recommendations, and the effect of this Order. If needed, this Order may be extended, expanded, or otherwise modified to protect the public's health.



If you have any questions about this Order, please call the Los Angeles County Department of Public Health at (213) 240-7941. Visit the LAC DPH website: <http://ph.lacounty.gov/Coronavirus>, for updated guidance and reference documents related to preventing COVID-19 transmission in skilled nursing facilities.

**IT IS SO ORDERED:**

9/22/2022

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**Muntu Davis, M.D., M.P.H.**  
Health Officer,  
County of Los Angeles

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**Date**

**RESOURCES**

- **California Department of Public Health All Facilities Letters:**  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NCAFL20.aspx>
- **Los Angeles County Department of Public Health COVID-19 Health Facilities Guidance:** <http://ph.lacounty.gov/acd/ncoronavirus/019/snf.htm>

**Retired-Not in Effect**