

• • • • Los Angeles County Department of Public Health (LAC DPH)

• • • • COVID-19 and Common Respiratory Viruses

• • • • Guidance for Community Congregate Settings

Summary of recent changes (April 8, 2024)

This document consolidates guidance for community congregate settings including correctional and detention facilities, sites serving people experiencing homelessness, and community care facilities.

Reporting requirements for clusters of COVID-19 and other Acute Respiratory Illnesses (ARI) have been revised. Community congregate settings now should follow a symptom-based method for cluster identification and reporting. See the [LAC DPH Respiratory Virus Reporting Requirements](#) section below.

COVID-19, flu, and respiratory syncytial virus (RSV) are common respiratory illnesses that cause cough and cold symptoms. Respiratory illnesses spread more easily in congregate settings, which are settings that serve people who live in close quarters and share at least one common room and may spread among staff (paid or unpaid) and residents. Most people recover from these illnesses on their own and without complications, but not everyone. Some are at [higher risk of getting very sick](#), especially in community congregate settings. This guidance outlines strategies and specific actions to help prevent and reduce the spread of respiratory infections in community congregate settings including correctional and detention facilities, sites serving people experiencing homelessness (PEH), and community care facilities (CCFs). In these settings, the enhanced, more protective local COVID-19 isolation guidance remains in effect, including all required and recommended actions for individuals with COVID-19.

Community congregate settings must also follow [Cal/OSHA's COVID-19 Prevention Non-Emergency Regulations](#) when not covered by the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#). Healthcare settings within these facilities must also follow local requirements or guidelines highlighted in [Infection Prevention Guidance for Healthcare Personnel](#). Facilities licensed by the Community Care Licensing Division (CCLD) should review the California Department of Social Services (CDSS) [Provider Information Notices \(PINs\)](#) for all licensing requirements. For CCFs, where differences exist between the most current PINs, Cal/OSHA, CDPH, and LA County, CCFs are to follow the most protective guidance and requirements.

Visit DPH's [COVID-19](#), [flu](#), [RSV](#), and [respiratory viruses](#) webpages for resources and the latest recommendations. If you have questions, contact the Community Outbreak Team at communityoutbreak@ph.lacounty.gov or call the LA County Information Line at 2-1-1, which is available 24 hours a day. We appreciate your efforts to keep Los Angeles County healthy.

LAC DPH Respiratory Virus Reporting Requirements

In Los Angeles County, all settings must report clusters of COVID-19 and other Acute Respiratory Illnesses (ARI) to the LA County Department of Public Health (LAC DPH) within 24 hours via [Shared Portal for Outbreak Tracking \(SPOT\)](#), as mandated by the [LA County Health Officer Order](#).

For community congregate settings, where testing access may be limited, COVID-19 reporting is incorporated into the existing ARI symptom-based protocol. This approach supports the early identification and management of potential outbreaks through symptom monitoring, thus eliminating the delay of laboratory confirmation.

See the LAC DPH COVID-19 & Acute Respiratory Illness (ARI) Cluster [Reporting Instructions](#) for detailed requirements. For assistance contact communityoutbreak@ph.lacounty.gov.

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Best Practices for Respiratory Illness Prevention and Response

Immunizations

Immunizations are the best way to protect against serious illness and death caused by [COVID-19](#), [flu](#), and [RSV](#). Continue to offer vaccinations onsite and strongly encourage individuals to stay up to date with their vaccinations as recommended.

To request assistance with onsite vaccination, complete the LAC DPH Mobile Vaccine Team [interest form](#).

A client's vaccination status is not a reasonable criterion for determining eligibility for housing or services.

Additional resources:

- LA County [Best Practices for Improving Vaccination in CCFs](#)
- CDC [Stay Up to Date with COVID-19 Vaccines](#)

Air Filtration and Ventilation

Increasing ventilation is one of the most effective ways to reduce transmission of viruses that are spread through the air. Maximizing ventilation is particularly important in areas that are designated for isolating persons with respiratory viruses. See [CDPH Best Practices for Ventilation of Isolation Areas](#).

- Maximize air flow and filtration within the facility's HVAC system to improve air quality.
- Make sure your building's HVAC system is in good working order, and frequently inspected. HVAC systems can be optimized by installing a MERV 13 filter and ensuring a minimum of five air changes per hour (ACH).
- Create directional airflow from clean areas (i.e., the corridor) to less clean areas (i.e., sick client rooms) so that infectious particles do not spread within the facility and are, if possible, exhausted directly to the outdoors.
- When mechanical filtration cannot be improved enough to meet targets or in rooms with more crowding, portable air cleaners ("HEPA air filters") should be considered. Portable air cleaners must be appropriately sized for the area where they are deployed and need to be oriented so that air is exhausted upwards, without blowing air from one person to another.
- Improve natural ventilation (i.e., open windows when weather permits) and properly use fans.
- Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.

Additional resources:

- CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#)
- Cal/OSHA [COVID-19 Prevention Non-Emergency Regulation FAQs-Ventilation](#)
- CDC [Ventilation in Buildings; Ventilation in Homes](#)

Masks and Personal Protective Equipment (PPE)

[Masks](#) help prevent the spread of COVID-19, flu, and other respiratory viruses by serving as a filter to reduce the number of germs you breathe in or out. When worn by a person with an infection, masks reduce the spread of the virus to others. Masks can also protect wearers from breathing in viruses from people around them. For a mask to work well, it needs to have both a [good fit and good filtration](#). While all masks provide some level of protection, well-fitting respirators (such as N95, KN95, and KF94) provide the best protection.

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Note that during an outbreak, masking may be required in community congregate settings.

Residents/patients/detained persons

- Must be provided a clean mask upon request.
- With respiratory virus symptoms should wear a well-fitting surgical mask or respirator around others.
- With COVID-19 must wear a well-fitting surgical mask or respirator if they must be around others through Day 10.
- Who are close contacts should wear a well-fitting surgical mask or respirator when around others through Day 10.

Staff

- With respiratory virus symptoms should wear a well-fitting surgical mask or respirator around others.
- With COVID-19 who are permitted to return to work must wear a well-fitting surgical mask or respirator around others through Day 10.
- Who are close contacts should wear a well-fitting surgical mask or respirator while around others at work through Day 10.
- Depending on facility type, your facility may fall under the [Cal/OSHA ATD Standard](#) or the [COVID-19 Prevention Non-Emergency Regulations](#). Per the ATD Standard, staff are required to wear fit-tested N95 respirators when caring for COVID-19 cases. Ensure staff comply with the regulations that apply to your facility, including the use of appropriate [PPE](#) for COVID-19 care.
- There may be additional masking requirements in healthcare settings within facilities.

Visitors

- Should be provided with the same type of PPE used by facility staff if visiting someone in isolation. Visitors do not need a fit-tested N95 respirator but should be instructed on how to perform a [seal check](#).

When masks are not required, individuals may choose to wear a mask without fear of discrimination or retaliation.

Additional resources:

- CDC [Interim Infection Prevention & Control Recommendations](#)
- CDPH [When and Why to Wear a Mask](#)
- LA County [Infection Prevention Guidance for Healthcare Personnel](#)

Screening and Signage

Screening:

Residents/patients/detained persons

To identify individuals with cold, [flu](#), and [COVID-19](#) symptoms, facilities should conduct symptom screening upon intake, and monitor for development of new symptoms while staying at the facility. If symptoms are identified, keep sick individuals away from others. Facilities may consider enhanced screening strategies when community transmission is high or when there is significant transmission within the facility. Enhanced screening strategies may include asymptomatic testing for COVID-19 upon intake to facilitate early identification of infections.

Staff

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Communicate self-screening for cold, flu, and COVID-19 symptoms. Support staff to stay home when sick. When there is an outbreak at the facility, actively screen staff for symptoms.

Signage:

Post signs throughout the facility communicating best practices and encouraging reporting of symptoms. For examples of signage see [DPH's COVID-19 Guidance for Businesses and Employers](#).

Testing and Treatment

COVID-19 treatment is available for those who test positive and can prevent them from getting very sick. To be effective, the oral medications must be started within 5 days of when symptoms begin. Individuals with cold, flu, or COVID-19 symptoms should get tested for COVID-19 and referred to a provider for timely treatment if positive.

Free and low-cost treatments are available for eligible patients. For more information, visit [Medicine to Treat COVID-19](#).

During the winter respiratory virus season (fall through early spring), consider also referring symptomatic individuals at risk for severe disease for influenza testing, particularly if they test negative for COVID-19. Antiviral medications for influenza are available by prescription for those who get sick with flu and work best if started within two days of when symptoms begin. For more information, visit [CDC Flu Treatment](#).

Cleaning & Disinfecting Practices

Facilities should regularly clean frequently touched surfaces and objects such as door handles, stair rails, elevator buttons, touchpads, restroom fixtures. They should also clean and disinfect surfaces when they are visibly dirty or areas where people have been obviously ill.

Additional resources:

- CDC [When and How to Clean and Disinfect a Facility](#)
- EPA [COVID-19 Disinfectants](#)
- LA County [CCF Infection Prevention](#)

Required and Recommended Actions When a Person with Symptoms is Identified Onsite

Symptomatic Persons and Close Contacts

The following applies regardless of vaccination status.

Residents/patients/detained persons

- With cold, flu, or COVID-19 symptoms should be masked, placed immediately in a separate space, and tested for COVID-19. If they test negative, continue to keep them away from others and retest in 2 days.
- Who test *positive* for or a healthcare provider diagnoses with COVID-19 (COVID-19 case) must be kept away from others.
 - Isolation may end after Day 5 if all the following criteria are met:
 - No fever for 24 hours without use of fever-reducing medications.

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- No symptoms or symptoms are mild and improving.
- A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is [immunocompromised](#) or had severe COVID-19, they may need to isolate longer than 10 days.
- Day 1 is the first full day after symptoms developed. If no symptoms develop, Day 1 is the first full day after testing positive.
- A highly protective mask must be worn for 10 days after symptoms began or after testing positive if the individual must be around others.
- Who test *negative* for COVID-19 twice, as described above, but still have symptoms of a respiratory virus (such as flu or RSV), should be kept away from others until 24 hours after resolution of fever (without fever-reducing medications) AND other symptoms are mild and improving.
- Who are close contacts of a COVID-19 case shall wear a highly protective mask around others for 10 days after exposure. They should test for COVID-19 as soon as possible after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).

Staff, non-healthcare

- With cold, flu, or COVID-19 symptoms should be excluded from work pending COVID-19 test results. If they test negative and still have symptoms, consider continuing self-isolation and retesting in 2 days.
- Who test *positive* for or a healthcare provider diagnoses with COVID-19 must go home immediately if onsite and must be excluded from the workplace for 5 days after symptoms began or after testing positive if no symptoms.
 - Isolation may end and staff may return to work after Day 5 if all the following criteria are met:
 - No fever for 24hrs without use of fever-reducing medications.
 - No symptoms or symptoms are mild and improving.
 - A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days.
 - A highly protective mask must be worn for 10 days after symptoms began or after testing positive if the individual must be around others.
- Who test *negative* for COVID-19, as described above, should not return to work unless they have been afebrile for 24 hours AND other symptoms are mild and improving.
- Who are close contacts may continue to work if they wear a highly protective mask around others and remain asymptomatic. They should test for COVID-19 as soon as possible after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).

Staff in healthcare areas

Refer to [COVID-19 Infection Prevention Guidance for Healthcare Personnel](#) for staff in healthcare areas that test positive for or are diagnosed by a healthcare provider with COVID-19.

COVID-19 Isolation Onsite

Regardless of outbreak status, facilities should accept and be prepared to isolate individuals onsite who have COVID-19 or another respiratory virus. When a resident/patient/detained person has symptoms or tests positive for COVID-19 at intake or during their stay, they need to be kept away from others for the duration of their isolation period.

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Ideally, the individual would be placed in a private room or cohorted in a room with other COVID-19 cases to avoid further spread within the facility. Provide a separate bathroom or ensure that a shared restroom can be effectively cleaned after use.

If a designated space for isolation is not available, reduce transmission within the facility by ensuring ample supply of surgical masks or respirators, optimizing ventilation in the infected individual's area, and maximizing the physical distance between infected patients and others. See the Air Filtration and Ventilation section above for details.

For guidance on improving indoor air quality in isolation areas, including creating directional air flow to limit transmission, see [CDPH's best practices](#).

Correctional and detention facilities:

- Isolate individuals within their current housing module or floor provided they can be separated from uninfected individuals and receive indicated medical monitoring.
- High-risk persons with symptoms or exposed persons should be housed where they can get close medical monitoring even if this is not within their current housing module or floor.
- Separate individuals in single cells with solid walls (i.e., not bars) when possible.
- If unable to separate in single cells, cohort with others who need to be isolated in large, well-ventilated cells with solid walls and a solid door that closes fully. Arrange beds to allow for at least six feet between individuals.
- Intersperse empty single cells between cells occupied by cases when possible.

Sites serving PEH:

If an individual with COVID-19 cannot be isolated or cohorted onsite, and the Department of Mental Health (DMH) or Department of Health Services (DHS) is the funder, consult with these funders for placement options. For LAHSA-funded providers, consult other [LAHSA Interim Housing programs available in your area](#).

Additional Resources

LA County Department of Public Health

- [COVID-19 Quick Links](#) and [COVID-19 Sitemap](#)
- [COVID-19 Community Care Facilities](#)
- COVID-19 testing and laboratory reporting: [Provider and Laboratory Reporting Guidelines for COVID-19](#)
- [Influenza \(Flu\)](#) and [Flu Vaccine](#)
- [Respiratory Syncytial Virus \(RSV\)](#)
- [Respiratory Viruses](#)
- [RESP WATCH](#): viral respiratory surveillance for LA County
- [Los Angeles Health Alert Network](#): communications to health care professionals regarding local or national disease outbreaks and emerging health risks

California Department of Public Health

- [State Public Health Officer Order for COVID-19 Disease Control and Prevention](#)
- [COVID-19 Isolation Guidance for the General Public](#)
- [COVID-19 Testing Guidance](#)

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- [Respiratory Virus Prevention](#)

California Occupational Safety and Health

- [COVID-19 Prevention Non-Emergency Regulations](#)

California Department of Social Services

- [Provider Information Notices \(PINs\) by Program](#)
- [ASC COVID-19 PINs by Topic](#)
- [CRP COVID-19 PINs by Topic](#)

Centers for Disease Control and Prevention

- [COVID-19 Prevention](#)
- [Influenza \(Flu\)](#)
- [Respiratory Syncytial Virus \(RSV\) Infection](#)

U.S. Department of Housing and Urban Development (HUD)

- [Approach to Winter Planning](#)