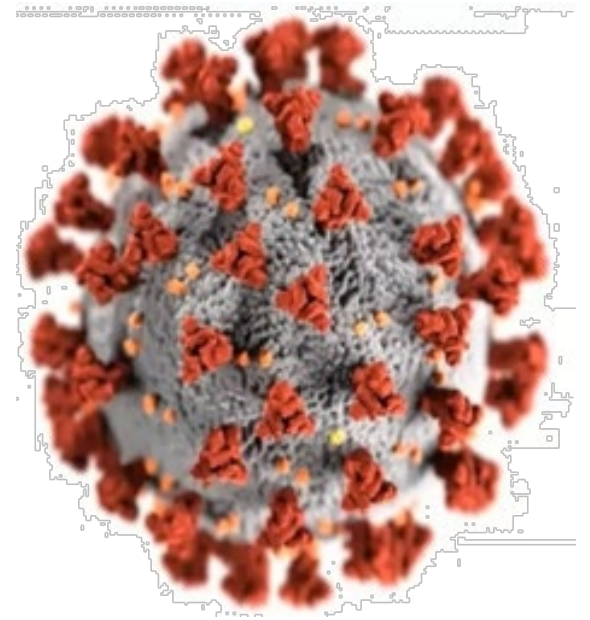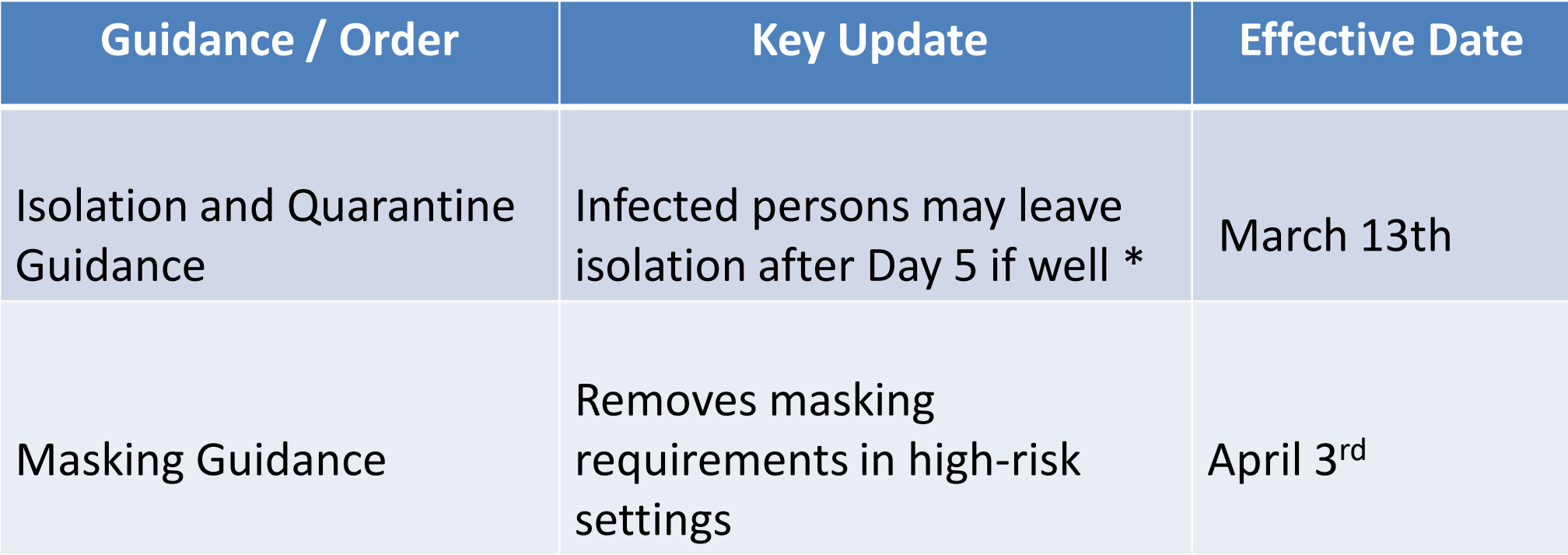# Planned COVID-19 Guidance and State Public Health Officer Order Changes

March 3, 2023

Summary of Guidance Updates

Guidance / Order	Key Update	Effective Date
Isolation and Quarantine Guidance	Infected persons may leave isolation after Day 5 if well *	March 13th
Masking Guidance	Removes masking requirements in high-risk settings	April 3rd

*no longer test dependent – aligns with CDC guidance

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COVID-19 Isolation and Quarantine Guidance

Updated guidance **removes** recommendation to test in order to leave isolation before Day 10 if the individual is well with no symptoms and are fever free for 24 hours.

Test Result	Current CDPH Recommended Actions	Proposed update to CDPH Isolation and Quarantine Guidance
Persons who test positive for COVID-19	**Stay home** for at least 5 days after start of symptoms (Day 0) or after date of first positive test (Day 0) if no symptoms. ~~Isolation can end after Day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative.~~ ~~If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications.~~ - If fever is present, isolation should be continued until 24 hours after fever resolves.	**Stay home** for at least 5 days after start of symptoms (Day 0) or after date of first positive test (Day 0) if no symptoms. **Isolation can end after Day 5 if:** **Symptoms are not present, or are mild and improving; AND** **You are fever-free for 24 hours (without the use of fever-reducing medication).** **If fever is present, isolation should be continued until 24 hours after fever resolves.** **After you have ended isolation, if your symptoms recur or worsen, get tested again and, if positive, restart isolation at Day 0.**

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COVID-19 Isolation and Quarantine Guidance

- After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests, one day apart.

  - *Note: this will only affect the general public but cannot be applied to covered workers due to current language in CalOSHA regs*

- Includes "Confirmed Case" definition: a person who has received a positive COVID-19 result as confirmed by a viral test or clinical diagnosis

  - All previous references to "infected person" have now been replaced with "confirmed case" for consistency

- Work underway with DIR (Cal/OSHA) to align other areas (with exception noted above)

COVID-19 Isolation and Quarantine Guidance

Maintains specific section for **Healthcare Settings**:

- Healthcare settings are covered by AFL 21-08.9. Healthcare personnel working in settings not covered by AFL 21-08.9 may follow the guidance outlined in AFL 21-08.9. (5 days with *at least one negative diagnostic test*† same day or within 24 hours prior to return OR 10 days without a viral test)

- Skilled nursing facilities should follow the guidance for management of infected residents in AFL 22-13.1 (which still recommends 10 days).
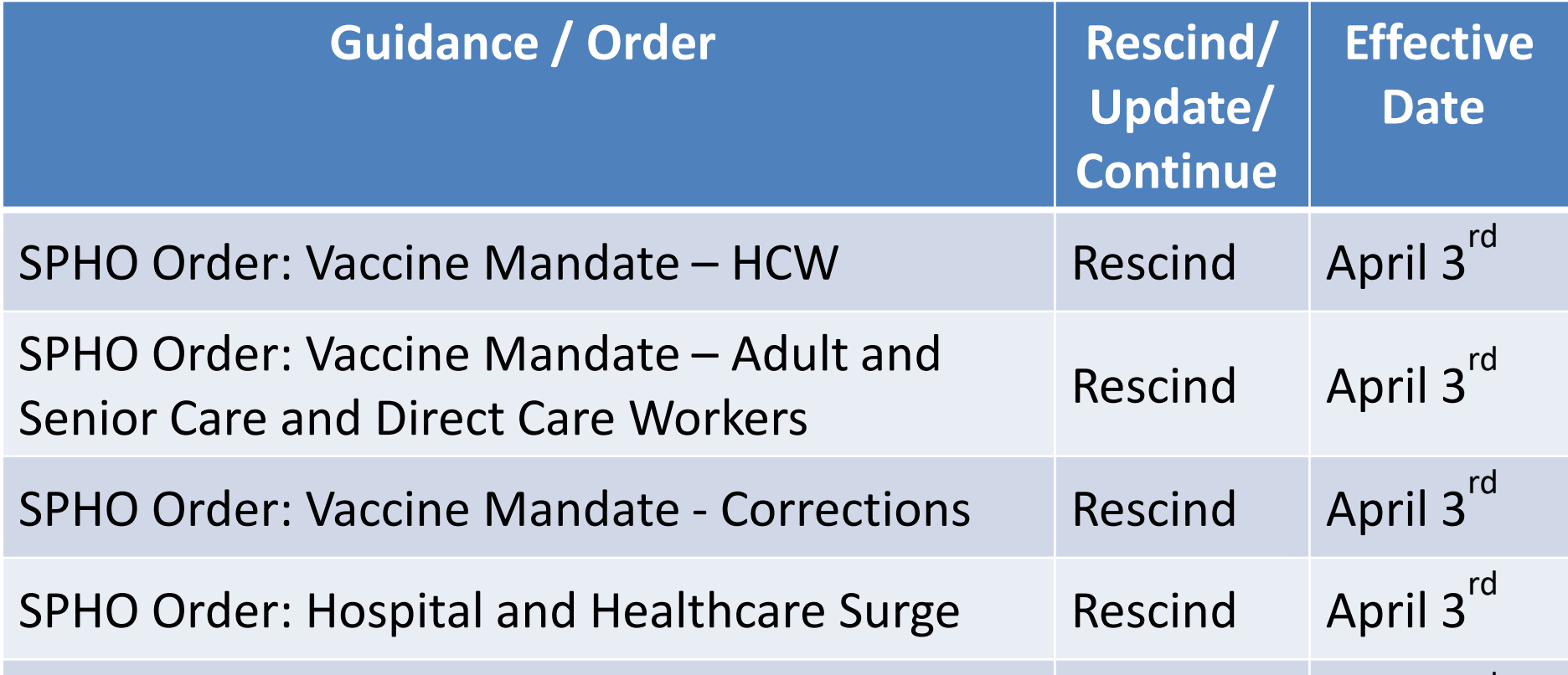
COVID-19 Face Masking Guidance

- **<u>Removes</u>** masking requirements in high-risk settings, including healthcare, long-term care facilities, and in correctional facilities, and homeless, emergency and warming/cooling centers **<u>effective April 3rd</u>**.

- Allows health care facilities and local health jurisdictions to customize and localize their plans and implementation to recommend or require universal masking based on risk of exposure for high-risk individuals and settings

- CDPH Guidance on face masking will be based on CDC COVID-19 Community Levels beyond the end of the CA State of Emergency. This will be reassessed as any changes in CDC CCLs evolve.

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COVID-19 Face Masking Guidance

CDC COVID-19 Community Level	CDPH recommendations for individuals	CDPH recommendations in indoor High-Risk Setting**
Low There is lower community spread and impact on healthcare system of COVID-19	**Everyone:** People can wear a mask based on personal preference, informed by their own personal level of risk. **Vulnerable people:** Consider wearing a mask in crowded indoor public places. If you are a vulnerable person or live with a vulnerable person, consider taking additional precautions.	**For all staff and residents/patients:** Wearing a mask should be considered.
Medium There is medium community spread and impact on healthcare system of COVID-19	**Everyone**: Consider wearing a mask in indoor public places. **Vulnerable people**: Wearing a mask is recommended in crowded indoor public places. If you have household or social contact with a vulnerable person, wearing a mask is recommended when indoors with them	**For all staff and residents/patients:** Wearing a mask is recommended.
High There is high community spread and impact on healthcare system of COVID-19	**Everyone**: Wearing a mask is recommended in indoor public places. **Vulnerable people:** Wearing a mask is strongly recommended in indoor public places. If you have household or social contact with a vulnerable person, wearing a mask is recommended when indoors with them.	**For all staff and residents/patients:** Wearing a mask is strongly recommended.

State Public Health Officer Order to Rescind

Guidance / Order	Rescind/ Update/ Continue	Effective Date
SPHO Order: Vaccine Mandate – HCW	Rescind	April 3rd
SPHO Order: Vaccine Mandate – Adult and Senior Care and Direct Care Workers	Rescind	April 3rd
SPHO Order: Vaccine Mandate - Corrections	Rescind	April 3rd
SPHO Order: Hospital and Healthcare Surge	Rescind	April 3rd
SPHO Order: CAIR reporting	Rescind	April 3rd

Rationale for Rescinding SPHOs:

- Vaccine requirements:
  - Federal rules continue to ensure that most health care workers remain vaccinated for COVID-19
  - Most health care facilities have employment vaccination requirements and are encouraged to continue to follow ACIP recommendations for remaining up to date on all relevant vaccines.
    - Model examples: UCSF & Columbia Health System require HCP be up-to-date on COVID-19 vaccines
  - This timing also ensures that we continue these protective measures through the end of the winter season (respiratory virus season)
  - CDPH continues to strongly recommend that all health care personnel and high-risk individuals remain up to date on COVID-19, influenza, and other recommended vaccines.

Rationale for Rescinding SPHOs:

- Healthcare and Hospital Surge:
  - Regional ICU capacity has not decreased to levels triggered in these orders during the past several COVID-19 surges given the broad use of vaccines and treatment

- CAIR Reporting
  - >90% of CAIR records have email and phone for DVR access and data quality
  - With the passage of <u>AB 1797</u>, as of January 1, 2023, California healthcare providers who administer all vaccines are now required to enter immunization information including current telephone number and race and ethnicity information for each patient

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State Public Health Officer Order to Update

Guidance / Order	Key Update	Rescind/ Update/ Continue	Effective Date
SPHO Order: Beyond the Blueprint (Renamed: COVID-19 Disease Control & Prevention)	Removes references to Mega Events and K-12/Childcare. Includes definition for confirmed case and updates definition for infectious period	Update and Continue	March 13th
SPHO Order: Mandatory COVID-19 Reporting	No update (order allows reporting of just hospitalization & deaths, not all cases as required by Title 17 2500 by providers); will continue as is until Title 17 can be updated next year with updated surveillance requirements. Title 17 2505 still requires all COVID-19 tests to be reported (+ and -)	Continue	N/A

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COVID-19 Prevention & Control SPHO Updates

- Removes references to Mega Events, K-12 and Childcare settings
- The updated definition of Infectious Period removes testing as a recommendation to end isolation to align with I&Q guidance
- Includes "Confirmed Case" definition: a person who has received a positive COVID-19 result as confirmed by a viral test or clinical diagnosis
  - All previous references to "infected person" have now been replaced with "confirmed case" for consistency
- We are currently working closely with Cal/OSHA for guidance alignment in workplace settings