



**Public Health Department
of Mendocino County**

Healthy People, Healthy Communities

Andy Coren, MD, County Health Officer



**ORDER OF THE HEALTH OFFICER OF THE COUNTY OF MENDOCINO
PUBLIC HEALTH EMERGENCY ISOLATION AND QUARANTINE
ORDER FOR COVID-19
DATE OF ORDER: January 6, 2022
EFFECTIVE UNTIL RESCINDED**

**UNDER THE AUTHORITY OF THE CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 120175, 120215, 120220, and 120225
THE COUNTY OF MENDOCINO HEALTH OFFICER ORDERS:**

Violation or failure to comply with this Order is a misdemeanor punishable by imprisonment, fine or both.
(Health & Safety Code §§ 120295 et seq.; Cal. Gov. § 8665; Penal Code §19; Mendocino County Ordinance No. 4464)

Isolation and Quarantine Requirements for Health Care Workers Experiencing Critical Staff Shortages (For General Acute Care Hospitals and SNFs)

County Health Officer's Introduction, January 2022

It has been difficult year for Health Care Workers (HCW) with increased workloads, extra shifts, lots of suffering and death, including colleagues. HCWs have gotten sick and some have died. Others have left their work or professions and burnout threatens us all. We have suffered 4 surges and now when we thought there would be some resolution to this pandemic, we are confronted with the even more transmissible, Omicron variant, with doubling times every 2-3 days, threatening, once again, to overwhelm our already understaffed hospitals and SNFs within the next 1-2 months.

We have learned a lot in the past year, about viral transmission, and how to protect ourselves effectively. We now have vaccines to prevent as well as effective treatment (monoclonal antibodies and oral anti-viral medications) and most of our community is vaccinated. However, the new Omicron variant is less susceptible to the immunity of the vaccines after several months and immunity from prior infection. Ongoing research shows that boosters return the efficacy of the vaccines against infection, hospitalization and death. Knowing what we now have learned and facing another surge, the CDC and CDPH have put together more tools to keep ourselves and all those we care for, safe. In some ways these may be easier to follow (shortened isolation/quarantine times). But it is extremely important that we are more careful because Omicron will find our most vulnerable and it is still a crippling, painful and deadly disease.

We want and need HCWs and your families to stay healthy. And we depend upon you to care for our most vulnerable in the community. Please protect yourselves and your loved ones by doing the following:

- GET VACCINATED if you are not yet fully vaccinated.
- GET a BOOSTER as soon as you are eligible.
- Wear a high quality MASK (surgical or N95 or equivalent) Indoors or in crowded places on or off the job. Follow your institutional requirements, which may be greater while you are on the job.
- Additional Personal Protective Equipment is required on the job for HCWs and should be supplied by their employers. Change as required by your facility. Keep the PPE you use at work away from your families.
- Stay 6' from others as much as possible. Especially at nursing stations, breakrooms and lunchrooms.
- Avoid large gatherings. Keep gatherings brief, outdoors if possible, well ventilated and try to avoid food and snacks at these.
- Wash up often for at least 20 seconds with soap and water- or 62% alcohol disinfectant.

Isolation/ Quarantine Requirements for HCWs Experiencing Critical Staff Shortages

1. DEFINITIONS

<p>A “COVID-19 Case” is defined as anyone who has:</p> <p>(1) A positive lab test for the coronavirus (known as SARS-CoV-2) that causes COVID-19; <u>OR</u></p> <p>(2) Symptoms that are consistent with COVID-19 (i.e., flu-like symptoms such as sore throat, coughing, shortness of breath, a temperature of 100.4°F/ 38°C or greater, or sudden loss of smell and/or taste), but no lab test ruling out COVID-19; <u>OR</u></p> <p>(3) A health care provider or the Department of Public Health has informed the individual that they are likely to have COVID-19.</p>	<p>A “Close Contact” is anyone who was exposed to a COVID-19 Case while they were infectious/ contagious:</p> <p>a) Live in or have stayed at the case’s residence; <u>OR</u></p> <p>b) Are intimate sexual partners of the case; <u>OR</u></p> <p>c) Provide or provided care to the case without wearing a mask, gown, and gloves¹; <u>OR</u></p> <p>d) Were within 6 feet of a case for 15 minutes or more (cumulatively over a 24-hour period); <u>AND</u></p> <p>e) This contact occurred while the case was determined to be infectious. A case is infectious within 48 hours before that person’s symptoms began or within 48 hours before the COVID-19 positive sample was collected and until that person is no longer required to be isolated.</p>
<p>A person is considered to have a “Current COVID-19 Vaccine” if:</p> <p>(1) They received all boosters for which they are eligible; <u>OR</u></p> <p>(2) They are fully vaccinated (2 or more weeks have passed since receiving final dose) but not yet eligible for any boosters.</p>	<p>A person does <u>NOT</u> have a “Current COVID-19” Vaccine if:</p> <p>(1) They are eligible for a booster shot, but they have not yet received that booster, <u>OR</u>;</p> <p>(2) They are not fully vaccinated (less than 2 weeks have passed since receiving final dose).</p>

¹ Note, in an outbreak or cluster even HCWs with proper PPE may be considered a close contact.

2. INSTITUTIONAL MITIGATION STAFFING MODELS:

- a) **Routine (Conventional):** Usual staffing: patient ratios that are safe for patients and staff.
- b) **Critical Staffing Shortages** exist when crisis staffing is anticipated (contingency) or when safe patient ratios cannot be maintained (crisis). Mitigation strategies should be considered, prepared for and implemented as needed:
 - i) Cutting back or canceling non-essential procedures and visits in order to shift HCWs, with appropriate training, to essential patient care activities;
 - ii) Cross-training personnel to prepare for different work assignments;
 - iii) Addressing social factors for staff that may prevent them from reporting to work (transportation, housing, child or elder care) and consider racial and ethnic groups that may be affected disproportionately;
 - iv) Increasing staff through hiring, use of Registries, State and Federal staffing programs and utilizing emergency license requirements waivers for some employees;
 - v) As appropriate, request HCW to postpone elective time off work, while considering the mental health benefits of time off to prevent burn-out;
 - vi) Coordinate with local, regional and state affiliates and partners to transfer or receive patients between facilities or alternate care sites which have adequate staffing;
 - vii) Allowing HCWs to continue to work who are exposed or even infected;

At this time, according to the CDC and CDPH all facilities should be considered to be in a critical staffing shortage.²

3. ISOLATION REQUIREMENTS

Vaccination Status	Routine/Conventional Staffing Return to Work	Critical Staffing Shortage Return to Work
Boosted OR Vaccinated but not eligible for booster	After 5 days* with negative diagnostic test** same day or within 24 hours prior to return OR 10 days without a viral test	Less than 5 days with most recent diagnostic test** result to prioritize staff placement *** (see section "b) iii)." below)
Unvaccinated OR Booster eligible but not yet boosted	After 7 days* with negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test	On or after 5 days with most recent test** to prioritize staff placement *** (see section "b) iii)." below)

* Asymptomatic or mildly symptomatic with improving symptoms

** Antigen tests preferred

*** If most recent test is positive, then HCP may provide direct care only for patients/residents with confirmed SARS CoV-2 infection, preferably in a cohort setting.

² See AFL 21-08.6 CDPH Guidance on Quarantine for Health Care Personnel Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx>)

a) **ISOLATION REQUIREMENTS FOR EMPLOYEES OF HOSPITALS AND SNFs WITH ROUTINE/CONVENTIONAL STAFFING LEVELS:**

- i) A COVID-19 Case with Current COVID-19 Vaccine (as defined above) may return to work after 5 days with a negative test taken same day (or within 24 hours prior to return) OR after 10 days without any testing.
- ii) A COVID-19 Case who does NOT have a Current COVID-19 Vaccine may return to work after 7 days with a negative test on same day (or within 24 hours prior to return) OR after 10 days without any testing.

b) **ISOLATION REQUIREMENTS FOR EMPLOYEES OF HOSPITALS AND SNFs EXPERIENCING CRITICAL STAFFING SHORTAGES:**

- i) A COVID-19 Case with Current COVID-19 Vaccine (as defined above) may return to work in less than 5 days with the most recent diagnostic test result to prioritize staff placement.
- ii) A COVID-19 Case who does NOT have a Current COVID-19 Vaccine may return to work on or after day 5 with the most recent diagnostic test result to prioritize staff placement.
- iii) Any employee returning to work under this section may only work with patients/residents with confirmed SARS-CoV-2 infection (preferably in a cohort setting), unless their most recent test for COVID-19 is negative. Antigen testing is preferred for this purpose.
- iv) Employer healthcare facilities should consider additional work restrictions for employees who are moderately to severely immune or who have had high risk exposures during an outbreak.

4. QUARANTINE REQUIREMENTS

Vaccination Status	Routine/Conventional Staffing Return to Work	Critical Staffing Shortage Return to Work
Boosted OR Vaccinated but not eligible for booster	No work restriction with negative diagnostic test* upon identification and at 5-7 days	No work restriction with diagnostic test * upon identification and at 5-7 days
Unvaccinated OR Booster eligible but not yet boosted	7 days with diagnostic test** upon identification and negative diagnostic test* within 48 hours prior to return	No work restriction with diagnostic test* upon identification and at 5-7 days

*Antigen tests preferred

a) **QUARANTINE REQUIREMENTS FOR EMPLOYEES OF HOSPITALS AND SNFs WITH ROUTINE/CONVENTIONAL STAFFING LEVELS:**

- i) A Close Contact with Current COVID-19 Vaccine status: An employee who has had a higher risk exposure (Close Contact) but has had a negative test soon after exposure and at 5-7 days, may return to work without restriction.
- i) A Close Contact who does NOT have Current Covid-19 Vaccine status may return to work after 7 days with a negative test taken upon Identification and within 48 hours prior to return.

b) **QUARANTINE REQUIREMENTS FOR EMPLOYEES OF HOSPITALS AND SNFs EXPERIENCING CRITICAL STAFFING SHORTAGES:**

- i) A Close Contact (regardless of Current COVID-19 Vaccine status) who has had a higher risk exposure may return to work immediately with testing upon identification and at 5-7 days.
- ii) Employer healthcare facilities should consider additional work restrictions for employees who are moderately to severely immune compromised or who have had high risk exposures during an outbreak.

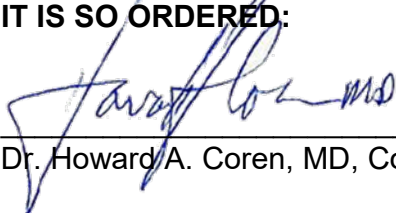
5. **HCW WHOSE MOST RECENT TEST IS POSITIVE OR WHO HAVE BEEN EXPOSED AND ARE WORKING BEFORE COMPLETING 10 DAYS POST-EXPOSURE OR POSITIVE TEST MUST:**

- a) Comply with all requirements of applicable isolation and quarantine orders for the general population **when not at work.**
- b) Wear a medical grade mask or N95 type mask for a total of 10 days for source control at all times, inside and outside when near others.
- c) Report temperature and symptoms to their supervisor before work each day, and only report to work if advised by their supervisor, AND
- d) Maintain separation from other healthcare professionals to the extent possible (for example, use a separate breakroom and restroom).

6. **HEALTHCARE FACILITIES IN CRITICAL STAFFING SHORTAGES MUST:**

- a) Continually evaluate staffing needs to avoid any unnecessary assignment of workers who are within normal isolation or quarantine periods.
- b) To the extent possible, ensure that any employees returning to work before routine isolation or quarantine is complete return to non-clinical work. If such workers must be assigned to work with patients, they must be assigned to work only with COVID-positive patients and avoid all contact with immune compromised patients.
- c) Make N95 respirators available to any healthcare professional who wishes to wear one when not otherwise required for the care of patients or residents with suspected or confirmed COVID-19.

IT IS SO ORDERED:



Dr. Howard A. Coren, MD, County Health Officer

1/6/2022

Date