

Quarantine/Isolation Flow for Residents in ARFs and RCFEs: A Guide for Facility Operators

If a resident is seemingly healthy (asymptomatic, or reporting no COVID symptoms) but having trouble abiding by social distancing, hand hygiene, use of face covering, and staying home:

1. Counsel the resident on infection control measures and potential impact on self as well as others in the facility of not staying in
2. Provide incentives to stay in (such as Netflix, TV, snacks, cigarettes) to encourage resident to comply
3. Contact resident's case manager for support (if resident has one, from DMH, FSP, DHS Housing for Health, ODR, etc.)
4. Do your best to enforce safety precautions among residents such as hand hygiene, face coverings and monitoring temperature and symptoms at least daily if possible
5. If possible relocate resident to room near entrance/exit to discourage the resident interacting with common areas

If resident is symptomatic or COVID-19 positive and able to manage ADLs independently:

1. If the resident is able to follow quarantine/isolation (Q/I) protocols, resident should isolate in place at their home facility. Isolation should last at least 14 days and 3 days after fever subsides without the use of fever-reducing medications and respiratory symptoms improve, whichever is longer
2. All close contacts should be quarantined for 14 days (e.g., roommates or people sharing bathroom with positive person)
3. If resident is unable to abide by Quarantine and Isolation (Q/I) protocols, resident may be temporarily transferred to an unlicensed County Q/I site.
 - a. Intake can be arranged by calling the LA County DPH Q/I intake line 833-596-1009
 - b. Facilities must agree to take resident back following clearance from Q/I site
 - c. Facilities will continue to be paid enhanced ERC rates for the time period the resident is at the County Q/I site

If resident is symptomatic or COVID-19 positive and needs daily care and supervision that could not be provided in an unlicensed setting (Q/I Site):

1. Isolate the resident in the facility, including removing roommates, and provide own bathroom if possible
2. Have specific assigned staff, using full PPE, assigned to care for residents suspected of having COVID-19
3. If resident is able to follow Q/I protocols, isolate resident for at least 14 days and 3 days after fever subsides without the use of fever-reducing medications and respiratory symptoms improve, whichever is longer
 - a. Quarantine close contacts for 14 days
4. All residents that have had close contact with someone diagnosed with COVID should be quarantined for 14 days (e.g., roommates or people sharing bathroom with positive person)
5. If resident is unable to follow Q/I protocols and needs daily care and supervision that could not be provided in an unlicensed setting, facility should do all they can to isolate and care for resident
6. Resident may be eligible for temporary transfer to specific identified licensed settings with specific capacity to provide Q/I services for those that need care and supervision, also known as a "surge"

facility.” Contact Community Care Licensing Division (CCLD) for consultation and referral to a surge facility.

- a. CCLD will make final decision about transfer of resident to surge facility after consulting with current operator, surge facility, resident’s family and DPH.
7. If a resident is approved for a transfer to a licensed Q/I site (surge facility):
- a. Facilities must agree to take resident back following clearance from Q/I site.
 - b. Facilities will continue to be paid enhanced ERC rates, if application, for the time period the resident is at an alternative Q/I site.
 - c. Resident must agree to the transfer

General Guidance

- If two or more residents or staff become symptomatic within 72 hours contact DPH to investigate outbreak
- Quarantine and/or Isolation should last 14 days and 3 days after fever subsides without the use of fever-reducing medications and respiratory symptoms improve, whichever is longer
- Note: Isolation periods referenced in this document are longer than public health guidance out of an abundance of caution due to higher risk of transmission in congregate settings and higher risk populations served by licensed residential facilities

For questions or concerns contact larf@dmh.lacounty.gov