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## **PUBLIC HEALTH SERVICES COMMUNICABLE DISEASE CONTROL**

### **OCHCA GUIDANCE ON DINING, VISITATION AND OTHER ACTIVITIES IN RCFEs 7-26-21**

Since March, a gradual reopening of visitation, communal activities and dining has been allowed for RCFEs. The recommendations have changed over time, with the latest update on May 15, 2021, PIN 21-17.2-ASC, <https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN-21-17-2-ASC.pdf>. Additionally, CDC and the state of California have updated guidance on need for masking and social distancing in public places, but RCFE staff should realize that this general guidance does not apply to RCFE worksites. While vaccination has decreased infections to low levels, COVID precautions are still recommended at all times, including screening of staff and visitors, use of masks or well-fitting face covers, social distancing, hand hygiene and environmental cleaning and sanitization. However, fully vaccinated visitors may have close physical contact (touch, hug, assisting with activities of daily living) with fully-vaccinated residents if both perform hand hygiene before and after contact. The following recommendations represent best practices to continue to protect your communities from spread of COVID.

#### **For all forms of visitation:**

- Number of visitors limited to avoid large gatherings. Record name and contact number of all visitors; advise visitors to notify facility if symptoms consistent with COVID-19 develop within 3 days of visit.
- Prescreen all visitors for fever, symptoms of COVID-19 and history of recent COVID exposure; do not allow visitors who are ill or who have had close contact with COVID in last 14 days.
- Visitors should proceed directly to the visiting area after screening; they should not be allowed to wander around the facility.
- Visitors should be able to adhere to the core principles (i.e., masking, social distancing) when in common areas, and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- Regular visitors should be encouraged to be vaccinated if they are not already; unvaccinated regular visitors should be encouraged to be tested regularly (PCR or rapid antigen) and to double mask (surgical mask with close-fitting cloth mask over it) when in facility.
- Physical contact:
  - Fully vaccinated visitors may have close physical contact with fully vaccinated residents, and could choose to visit without masks if they are alone (if others around, should mask).
  - If resident is fully vaccinated, but visitor is not, resident can choose to have close contact with the visitor, but both should wear a well-fitting face covering or mask.
  - If neither resident nor visitor are fully vaccinated, the safest is to remain 6 feet apart and use facial coverings.
- No non-essential indoor visits for residents on isolation or quarantine (essential indoor visits OK).

#### **Recommendations for Visitation**

Outdoor (preferred if possible, as risk of transmission is lower)

Indoor common space

- Should take place in a large, well ventilated space indoors, such as the dining area or activity room that is already set up to be socially distanced.
- If space is smaller, attempt to increase ventilation (open windows, place fans and/or run HVAC).

Indoor, in-room

- In-room visitation is higher risk, but is now allowed for all regardless of vaccination status (see above for recommendations for masking and/or physical distancing based on vaccination status).

- Increase ventilation in room and encourage shorter visit time than if visit was outdoors.
- Visits for residents who share a room should be conducted in a separate, well-ventilated indoor space or with the roommate not present in the room (if possible).
- If visits must be in a shared room with roommate present, the following safeguards could help to reduce risk:
  - Encourage visitor to be tested prior to visit, or offer rapid antigen testing, if available, on day of visit
  - Request unvaccinated visitors to double mask (surgical mask with close-fitting cloth mask over it) to increase source control
  - Limit time of visit

**Recommendation for modified dining and activities:**

- Residents on isolation or quarantine should not participate in communal dining or activities, or utilize shared amenities or equipment.
- Communal dining may take place outdoors or indoor in a large open-to-air (e.g., multiple doors or large windows to outside open to increase ventilation in room) or well-ventilated room. PIN 21-17.2-ASC allows for communal dining with residents seated at the same table, regardless of their vaccination status. The PIN does not specify a minimum distance between diners nor size of the table. Considering the facts that visitation and outings are much less restrictive now, and that there may be unvaccinated residents in facilities, gathering a large number of people in a room who are unmasked represents the highest risk activity for COVID transmission in a community. Therefore, OCHCA recommends the following safeguards for communal dining:
  - Increase ventilation in the room as much as comfortably possible.
  - Tables must be at least 6 feet apart.
  - Diners at the same table should socially distance as much as possible; consider spacing chairs out so that fewer are sitting at each table to allow some distancing, especially if residents are not vaccinated.
  - Offer two or more meal times, if possible, to reduce numbers dining at one time
  - As much as possible, keep resident dining groups the same (i.e., same people at one table every meal) to minimize exposure, facilitate contact tracing and reduce numbers needed to quarantine if a COVID case is detected. If groups desire change, try to minimize frequency and number of changes.
  - All diners use hand sanitizer upon entry into dining area and when done.
  - Staff must be masked at all times, residents masked before and after eating; if all residents present in the dining room are verified to be fully vaccinated, then facial coverings for residents are not necessary.
  - Sanitize tables and arms of chair after each seating.
  - In the event a resident develops COVID, tablemates and other close contacts should be quarantined, and facilities should consider temporary cancellation of communal dining until further resident testing is complete. Cancellation of dining or activities may be recommended by OCHCA under certain circumstances (cluster of COVID+ residents, low vaccination rate in facility).
- Activities may take place outdoors or in a large open-to-air (see above) or well-ventilated
  - Resident hand hygiene before and after activities are complete.
  - Stagger activity times if necessary, to reduce number participating, allowing sufficient time for cleaning between groups.
  - Clean/sanitize any items or commonly touched surfaces between groups.
  - If activity is physical exercise, this would be best to take place outside, since physical activity increases generation of respiratory particles.
  - Try to maintain same resident groups for activities, if possible, to minimize exposure if a COVID case is detected.

- If all residents partaking in the activity are verified to be fully vaccinated, then facial coverings for residents are not necessary; if participants are not fully vaccinated or status is unknown, use of facial coverings is advised when not eating or drinking.
- Regular visitors who lead activities or entertainment should be encouraged to be fully vaccinated as soon as possible, and if not fully vaccinated, encourage double masking (surgical mask with close-fitting cloth mask over it) when in facility and regular testing (either PCR or rapid testing, if available).
- Entertainers ideally set up in outdoor setting (to avoid multiple trips through facility with equipment, and to allow for more residents to participate in a well-ventilated socially distanced area). Indoor entertainment best with short sets (e.g. 30 min instead of typical 45 – 60 min) and multiple seatings to decrease the potential for crowding; sanitize area between sets.
- Singing is a higher risk activity, and is best done outdoors, as are any activities involving shouting or chanting.
- Gyms/pools
  - ⊖ Indoor gyms are higher risk due to increased generation of respiratory particles during exercise, and many gyms are small spaces.
  - To reduce risk, would be advisable to limit capacity (no more than 50%), require use of masks for those who are not vaccinated (and encourage use even if fully vaccinated) and increase ventilation as much as possible.
  - Sanitize equipment between uses
  - ⊖ Pool and hot tub use is allowed; any patron who is not fully vaccinated should be encouraged to mask and socially distance.
- Beauticians:
  - Limit to no more than one beautician and resident per room (unless very large salon), increase ventilation in room and allow sufficient time to sanitize between appointments.
  - Pre-screen beautician for fever and symptoms of COVID-19 (ideal to have beautician work for only one facility and not multiple).
  - Encourage beautician to be vaccinated and consider requiring periodic testing if not vaccinated or COVID-recovered.
  - Both beautician and resident should perform hand hygiene before and after.
  - Both beautician and resident must be masked the whole time.
  - Ideally, limit time to no more than 30 minutes.
  - Sanitize chair and instruments between clients.

### **Transporting via Facility Auto**

Riding in closed vehicles creates a potential for COVID-10 spread. Residents and drivers should wear masks that always cover the mouth and nose while in the vehicle, unless all are known to be fully vaccinated. Hand hygiene should be performed just before entering vehicle, and hand sanitizer should be available in case the need arises to do hand hygiene during the ride. Maintain distancing between residents as much as possible. Windows should be opened to introduce fresh air; do not use recirculation mode on the vehicle air system.

### **Recommendations for Return from Outings**

Although residents are to be encouraged to follow COVID prevention guidelines while on outings, facilities cannot require quarantine of residents if they have not followed these recommendations; they can only require quarantine if there has been a known COVID exposure. However, if a resident is not vaccinated and admits to not following COVID prevention guidelines, facilities could suggest that the resident voluntarily quarantine and test, or at a minimum, request that the resident consider avoiding contact with other residents (e.g. deferring communal meals and activities) for 7-10 days (with testing at 5-8 days) after return from outing. Shortened periods of quarantine, such as 10 day quarantine with testing at 8 days, or even 7 days quarantine with testing at 5 days, could help to identify those infected as a result of exposure during the outing, and potentially avert transmission in the facility.

**Dealing with Exposures during Dining or Activities**

If a resident is diagnosed with COVID, then any other resident who was within 6 feet of that resident for 15 min or more during the infectious period (from two days before symptom onset until time isolated) needs to be quarantined and tested, regardless of use of masks or vaccination status of the residents. Therefore, any resident who has been part of a dining group, activity group, or outing with the infected resident during this time period will require quarantine and testing. Consideration should be given to cancelling communal dining and activities if vaccination rate is low among residents, or if more than one resident who participates in activities or dining is diagnosed with COVID. Please consult with OCHCA for facility-specific guidance.