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Aloha CMA and CCFHH Operators,
The information contained in this official newsletter has been reviewed and approved by DOH/OHCA. It is being distributed to all CMAs and CCFHHs.

Newsletter #110

January 14, 2022

Aloha,

The Center for Disease Control and Prevention (CDC) has updated the work restrictions for long term care facilities for persons with COVID-19, or who may have been exposed to COVID-19. This change is due to staffing shortages across the country in long term care facilities. However, it could also apply to CCFHHs as the Omicron variant is quickly spreading in the community.

Use link for more details.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

LTC facilities, such as CCFHHs, should adopt staffing strategies to help with staffing shortages. The table below is broken down by:

1. Work Restrictions for those Who are COVID Positive (HCP with SARS-CoV-2 Infection) and
2. Work Restrictions for those Exposed to COVID but are Asymptomatic.

Each CCFHH facility will need to choose a strategy if experiencing staffing shortages. There are 3 standards for providing care with staff being exposed or having active COVID-19. Conventional staffing, contingency staffing, and crisis staffing. Conventional being the recommended isolation and testing guidelines in place since mid-2020 and crisis staffing being an emergency staffing coverage scenario.

(See Green Boxes in the table below labeled Conventional, Contingency, Crisis).

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test ¹ , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 ¹ and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 ¹ , 2, 3, & 5-7	No work restrictions (test if possible)

¹Negative test result within 48 hours before returning to work
²For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

cdc.gov/coronavirus

CDC Guidelines December 21, 2021

Regardless of the strategy used, a CCFHH will need to document what is occurring in the home in their administrative binder and provide an explanation of why a specific strategy was chosen over another.

EXAMPLE: A CCFHH uses the Crisis Strategy because the primary caregiver is COVID Positive.

The reason for using the Crisis Strategy could be because all of the substitute caregivers are also COVID Positive and the CCFHH has no choice but to use the primary caregiver to make sure the clients are cared for. If using the Crisis Strategy, the CCFHH should make sure to use the caregiver who isn't showing any symptoms at all before using a caregiver who is showing symptoms.

When choosing a strategy, consider the number of staff and the number of clients.

EXAMPLE: A CCFHH should first try to follow Conventional Strategy by continuing the quarantine of 7 days if the caregiver has a negative test. If the CCFHH cannot provide care to the clients using the Conventional Strategy because of staffing shortage, then change to Contingency Strategy. If all of your caregivers have become positive then move to CRISIS Strategy and use the asymptomatic caregiver before using a caregiver who may have minor symptoms.

Once the caregiver(s) have completed their quarantine/isolation and/or are no longer symptomatic. The CCFHH is to return back to Conventional Strategy unless anyone in the CCFHH shows symptoms or tests positive in the future.

You can check the levels of community transmission per county here: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk

Reminder to complete the COVID Reporting Form and send to CTA if anyone who resides or works in the CCFHH is exposed or COVID Positive.



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