



State of California—Health and Human Services Agency
Department of Health Care Services



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DATE: **UPDATED:** January 14, 2022

Behavioral Health Information Notice No: 22-002

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: **UPDATED:** Requirements for COVID-19 vaccination, boosters, vaccination verification, masking and testing for behavioral health facility workers

PURPOSE: Inform counties and behavioral health providers about updated public health requirements related to vaccination, boosters, vaccination verification, mask use, and testing for workers

REFERENCE: [Order of the State Public Health Officer Health Care Worker Vaccine Requirement](#)
[Order of the State Public Health Officer Unvaccinated Workers in High Risk Settings \(ca.gov\)](#)

BACKGROUND:

The California Department of Public Health (CDPH) issued requirements for health care and congregate care facilities to decrease the risk of COVID-19 outbreaks, given emergence of more contagious variants and recent surges of COVID-19 cases. DHCS requires all behavioral health facilities to follow CDPH public health orders. This Behavioral Health (BH) Information Notice covers new requirements for (1) vaccination and boosters, (2) vaccination verification, (3) masking, and (4) testing. Please note the guidance applies to all mental health and substance use disorder facilities, including outpatient, residential, and inpatient.

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection and serious disease.

Unvaccinated and incompletely vaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons. Thanks to vaccinations and to measures taken since March 2020, California's health care system is currently able to address the increase in cases and hospitalizations. However, additional statewide facility-directed measures are necessary to protect particularly vulnerable populations, and ensure a sufficient, consistent supply of workers in high-risk health care and congregate settings.

Hospitals, skilled nursing facilities (SNFs), and the other health care facility types identified in the public health order are particularly high-risk settings where COVID-19 outbreaks can have severe consequences for vulnerable populations including hospitalization, severe illness, and death. Further, the congregate and residential settings in this order share several features. They all are residential facilities where the residents have little ability to control the persons with whom they interact. There is frequent exposure to staff and other residents. In many of these settings, the residents are at high risk of severe COVID-19 disease due to underlying health conditions, advanced age, or both.

The recent emergence of the Omicron variant (it is estimated that approximately 70% of cases sequenced, nationally, are Omicron and rapid increases are occurring globally) further emphasizes the importance of vaccination, boosters, and prevention efforts, including testing, are needed to continue protecting against COVID-19. Early data also suggest the increased transmissibility of the Omicron variant is two to four times as infectious as the Delta variant, and there is evidence of immune evasion. Recent evidence also shows that among healthcare workers, vaccine effectiveness against COVID-19 infection is also decreasing over time without boosters. Although COVID-19 vaccination remains effective in preventing severe disease, recent data suggest vaccination becomes less effective over time at preventing infection or milder illness with symptoms, especially in people aged 65 years and older.

Based on the emergence of Omicron, additional statewide facility-directed measures are necessary to ensure we maintain adequate staffing levels within our healthcare delivery system. Additionally, given the current hospital census, even a moderate surge in cases and hospitalizations could materially impact California's health care delivery system within certain regions of the state. Accordingly, amendments to the original State Public Health Officer Order of August 5, 2021, to make boosters mandatory and to

require additional testing of workers eligible for boosters who are not yet boosted, are necessary at this critical time.

Thus, current requirements of staff in health care settings, such as universal mask requirements for all staff, are not proving sufficient to prevent transmission of the Delta and Omicron variant, which is more transmissible and may cause more severe illness. Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the dramatic increase in cases, transmission prevention measures must be increased for the significant proportion of unvaccinated health and congregate care workers remaining to reduce the chance of transmission to vulnerable populations. Reinforcement of well-fitting facemasks for source control, emphasis on increased respiratory protection with respirators in some settings, and regular testing (when appropriately followed by isolation of individuals who test positive), should contribute to reduction of transmission risk in these high-risk settings to mitigate the absence of vaccination protection.

For these reasons, COVID-19 remains a concern to public health and, in order to prevent its further spread in hospitals, SNFs, high-risk congregate settings and other health care settings, limited and temporary public health requirements are necessary at this time.

In workplaces, employers are subject to the Cal/OSHA COVID-19 [Emergency Temporary Standards \(ETS\)](#) or in some workplaces the [CalOSHA Aerosol Transmissible Diseases \(ATD\) Standard](#) and should consult those regulations for additional applicable requirements.

POLICY:

1. Health Care Vaccine Requirement - UPDATED: August 6, 2021

1. All workers who provide services or work in facilities described in subdivision (a) have their first dose of a one-dose regimen or their second dose of a two-dose regimen, prior to working in any of the following facilities:

a. Health Care Facilities:

- i. General Acute Care Hospitals
- ii. Skilled Nursing Facilities (including Subacute Facilities)
- iii. Intermediate Care Facilities
- iv. Acute Psychiatric Hospitals
- v. Adult Day Health Care Centers
- vi. Program of All-Inclusive Care for the Elderly (PACE) and PACE Centers

- vii. Ambulatory Surgery Centers
- viii. Chemical Dependency Recovery Hospitals
- ix. Clinics & Doctor Offices (including behavioral health, surgical)
- x. Congregate Living Health Facilities
- xi. Dialysis Centers
- xii. Hospice Facilities
- xiii. Pediatric Day Health and Respite Care Facilities
- xiv. Residential Substance Use Treatment and Mental Health Treatment Facilities

Children's residential facilities licensed by the California Department of Social Services are not included in this public health order.

b. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

- i. By the US Food and Drug Administration (FDA), are listed at the [FDA COVID-19 Vaccines webpage](#).
- ii. By the World Health Organization (WHO), are listed at the [WHO COVID-19 Vaccines webpage](#).

c. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

2. All workers currently eligible for boosters, who provide services or work in facilities described in subdivision 1(a) must be "fully vaccinated and boosted" for COVID-19 receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A below. - **UPDATED: January 14, 2022**

California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 months after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

- a. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than February 1, 2022. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose.

3. Workers may be exempt from the vaccination requirements under section (1) and (2) only upon providing the operator of the facility a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

- a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

4. If an operator of a facility listed above under section (1) deems a worker to have met the requirements of an exemption pursuant to section (3) OR deems a booster-eligible worker to have not yet received their booster dose pursuant to section (2), the worker must meet the following requirements when entering or working in such facility:

- a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur twice weekly for unvaccinated exempt workers and booster-eligible workers who have not yet received their booster in acute health care and long-term care settings, and at least once weekly for such workers in other health care settings. Facilities must begin testing of all booster-eligible workers who have not yet received their booster by December 27, 2021. CDPH strongly recommends that all workers in Skilled Nursing Facilities (including those that are fully vaccinated and boosted) undergo at least twice weekly screening testing.
- b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.

5. Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (3), the operator of the facility then also must maintain records of the workers' testing results pursuant to section (4).

- a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.

- b. Operators of the facilities subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).
- c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (2) above.
- d. Testing records pursuant to section (4) must be maintained.

6. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.

7. Facilities covered by this Order are encouraged to provide on-site vaccinations, easy access to nearby vaccinations, use of work time to get vaccinated, and education and outreach on vaccinations, including:

- a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and
- b. access to online resources providing up to date information on COVID-19 science and research.

8. The July 26 Public Health Order will continue to apply.

9. This Order shall take effect on December 22, 2021, and facilities must be in full compliance with the Order by February 1, 2022.

10. The terms of this Order supersede the August 5, 2021 State Health Officer Health Care Worker Vaccine Requirement Order.

11. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

2. Vaccination Verification:

All facilities identified above must verify vaccine status of all workers, paid or unpaid.

A. Pursuant to the [CDPH Guidance for Vaccine Records Guidelines & Standards](#), only the following modes may be used as proof of vaccination:

- 1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO

- Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR
2. A photo of a Vaccination Record Card as a separate document; OR
 3. A photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
 4. Documentation of COVID-19 vaccination from a health care provider; OR
 5. Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.; OR
 6. Documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

In the absence of knowledge to the contrary, a facility may accept the documentation presented as valid.

- B. Facilities must have a plan in place for tracking verified worker vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.
- C. Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

See [CDPH Guidance for Vaccine Records Guidelines & Standards](#) for information on how individuals may obtain a record of their vaccine. A digital copy of vaccine records for vaccinations administered in CA is also available at myvaccinerecord.cdph.ca.gov.

3. Respirator or mask requirements:

- A. All facilities identified above must strictly adhere to current [CDPH Masking Guidance](#). To the extent they are already applicable, facilities must also continue to adhere to Cal/OSHA's standards for Aerosol Transmissible Diseases (ATD), which requires respirator use in areas where suspected and confirmed COVID-19 cases may be present, and the Emergency Temporary Standards (ETS) that requires all unvaccinated workers be provided a respirator upon request.
- B. Acute Health Care and Long-Term Care Settings:
In addition to respirators required under Title 8 of the California Code of Regulations, facilities must provide respirators to all unvaccinated or incompletely vaccinated workers who work in indoor work settings where (1) care is provided to patients or residents, or (2) to which patients or residents have access for any purpose. Workers are strongly encouraged to wear respirators in all such

settings. The facility must provide the respirators at no cost, and workers must be instructed how to properly wear the respirator and how to perform a seal check according to the manufacturer's instructions.

C. High-Risk Congregate Settings and Other Health Care Settings:

Where Title 8 of the California Code of Regulations does not require the use of respirators, facilities shall provide all unvaccinated or incompletely vaccinated workers with FDA-cleared surgical masks. Workers are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.

Additional Information Regarding Masking Requirements – UPDATE: July 31, 2021

Masks are required for all individuals, in the following indoor settings, regardless of vaccination status (and surgical masks are recommended):

1. [Healthcare settings](#)
2. State and local [correctional facilities and detention centers](#)
3. Homeless shelters
4. Long Term Care Settings & Adult and Senior Care Facilities

Additionally, masks are required for unvaccinated individuals in indoor public settings and businesses (examples: retail, restaurants, theaters, family entertainment centers, meetings, state and local government offices serving the public).

See [State Health Officer Order, issued on July 26, 2021](#), for a full list of high-risk congregate and other healthcare settings where surgical masks are required for unvaccinated workers, and recommendations for respirator use for unvaccinated workers in healthcare and long-term care facilities in situations or settings not covered by Cal OSHA ETS or ATD.

For additional information on the [July 28, 2021 CDPH Guidance for the Use of Masks](#), types of masks, the most effective masks, and ensuring a well-fitted mask, individuals should refer to CDPH [Get the Most out of Masking](#) and see [CDPH Masking Guidance Frequently Asked Questions](#) for more information.

4. Testing requirements:

A. Acute Health Care and Long-Term Care Settings:

1. Asymptomatic **unvaccinated** or incompletely vaccinated workers are **required to undergo** diagnostic screening testing.

2. Workers may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested **at least twice weekly** with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
- B. High-Risk Congregate Settings and Other Health Care Settings:
1. Asymptomatic **unvaccinated** or incompletely vaccinated workers are **required to undergo** diagnostic screening testing.
 2. Workers may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested **at least once weekly** with either PCR testing or antigen testing. More frequent testing improves outbreak prevention and control and is encouraged, especially with antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
- C. All Facilities:
1. Unvaccinated or incompletely vaccinated workers must also observe all other infection control requirements, including masking, and are not exempted from the testing requirement even if they have a medical contraindication to vaccination, since they are still potentially able to spread the illness. Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, **do not** waive this requirement for testing.
 2. Diagnostic screening testing of asymptomatic fully vaccinated workers is not currently required. However, fully vaccinated workers may consider continuing routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine.
 3. Facilities with workers required to undergo workplace diagnostic screening testing should have a plan in place for tracking test results, conducting workplace contact tracing, and must report results to local public health departments. There are IT platforms available that can facilitate these processes for facilities.

Testing costs are coverable on employee insurance. Facilities may obtain information about free antigen testing (and how to obtain follow-up PCR testing) on the [CDPH testing website](#). Free testing may also be available through the local public health department for uninsured employees.

As a reminder, employees testing positive for COVID-19 must follow CDPH isolation guidance, and cannot work in health care settings (the flexibilities allowing work in health care under specified conditions expired June 30, 2021). See links for details:

- [Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19 \(ca.gov\)](#)
- [California Department of Public Health Self-Isolation Instructions for Individuals with COVID-19](#)
- [Guidance on Returning to Work or School Following COVID-19 Diagnosis](#)
- [Responding to COVID-19 in the Workplace for Employers](#): This guidance is not intended for use in managing or preventing outbreaks in healthcare, congregate living settings, or other workplaces where the California Aerosol Transmissible Diseases (ATD) standard (title 8 [section 5199](#)) applies. Employers should also consult:
 - CDC guidance for [businesses](#) and [small businesses](#) for information on preventing outbreaks;
 - [Cal/OSHA guidance](#) to ensure that they are complying with legal requirements for worker protection; and
 - The California statewide [industry-specific guidance](#) to reduce risk during and after reopening of businesses.

5. Definitions:

For purposes of the Public Health Order and this BH Information Notice, the following definitions apply:

- A. "Fully Vaccinated" means individuals who are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen). COVID-19 vaccines that are currently authorized for emergency use:
 - a. By the US Food and Drug Administration, are listed at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>.
 - b. By the World Health Organization, are listed at <https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>

- B. "Incompletely vaccinated" means persons who have received at least one dose of COVID-19 vaccine but do not meet the definition of **fully vaccinated**.
- C. "Respirator" means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.
- D. "Unvaccinated" means persons who have not received any doses of COVID-19 vaccine or whose status is unknown.
- E. "WHO Yellow Card" refers to the original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the individual following administration of the COVID-19 vaccine in a foreign country.
- F. "Worker" refers to all paid and unpaid persons serving in health care, other health care or congregate settings who have the potential for direct or indirect exposure to patients/clients/residents or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

6. Terms of Public Health Order:

The Terms of the Public Health Order supersede any conflicting terms in any other CDPH orders, directives, or guidance.

Except to the extent the Public Health Order provides otherwise, all other terms in the [Order of June 11, 2021](#) remain in effect and shall continue to apply statewide. The Order shall take effect on August 9, 2021, at 12:01 am. Facilities must be in full compliance with the Order by August 23, 2021.

The Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

Sincerely,

Original signed by

Kelly Pfeifer, M.D.
Deputy Director
Behavioral Health