ICAP Infection Control Assessment and Promotion Program

Zones, PPE and Testing

Zone	Resident Masking	Staff PPE	Testing	Notes
Red Zone Isolation (Residents with a positive COVID-19 Test)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Repeat testing is not needed to exit isolation unless test-based strategy being used to determine isolation duration for immunocompromised resident.	Room door closed; Communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room. Designated isolation zone in building with dedicated staff is ideal. Follow relevant regulations that apply to changing resident rooms.
Light Red Zone Isolation (Symptomatic resident with COVID-19 test pending)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	If using an antigen test, a negative result should be confirmed by either a negative PCR or second negative antigen test taken 48 hours after the first negative test.	Room door closed; Communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room. Resident should not be moved to a COVID unit until positive status confirmed.
Tan Zone (Facility in outbreak status)	Everyone should mask in communal areas of facility.	Everyone should mask in communal areas of facility. Facility should consider universal use of N95 and protective eyewear for staff when facility is in outbreak, especially when residents unable to use source control or area is poorly ventilated.	Contact tracing approach can be used when facility able to clearly identify exposures (e.g., single resident exposure to a visitor). Broad-based (unit wide) approach is preferred when contacts cannot be identified, or additional cases are identified after contact tracing approach. *Outbreak testing is not recommended for asymptomatic persons with SARS-CoV-2 infection in the prior 30 days.	**Initial Testing:** Perform a series of three tests, 48 hours apart. This will typically be at day 1 (exposure day 0), day 3, day 5. **Follow-up testing if additional cases identified:** Test every 3 days (twice weekly) until 14 days have passed since last known positive test. If concerns exist for outbreak containment (e.g., large number of resident cases, ongoing transmission etc.) facilities should consider using yellow zone instead of Tan Zone
Green Zone (No current outbreak)	Broader use of source control per facility policy, based on risk assessment. Perform risk assessment to identify higher levels of community COVID-19 or other respiratory illness transmission.	Broader use of source control per facility policy, based on risk assessment. Facility should consider universal use of N95 and protective eyewear when there are higher levels of COVID-19 transmission in the community.	No routine testing. Perform test on anyone with even mild symptoms of COVID-19.	Promote core principles of COVID-19 infection prevention: • Hand hygiene • Use of PPE per standard precautions • Respiratory hygiene/cough etiquette • Cleaning and disinfection of environmental surfaces • Instructional signage throughout facility
Gray Zone (New admission or readmission to facility)	Masking is at facility discretion, unless resident reports exposure or symptoms.	Healthcare personnel wear well-fitting source control based on facility policy and outbreak status.	Testing is at facility discretion, unless resident reports exposure or symptoms.	Quarantine not required for gray zone. However, if resident reports symptoms, follow light red zone recommendations

988173 Nebraska Medicine Omaha NE 68198-8173 | 402.552.2881 | Fax 402.552.3080

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Yellow Zone Transmission-Based Precaution measures should be implemented in the event of ongoing COVID-19 transmission within the facility that is not controlled with initial interventions.

Shift to Yellow Zone Phases instead of Tan Zones when there are concerns related to outbreak containment (e.g., large number of resident cases or ongoing transmission, such as new RESIDENT cases being identified COVID-19 positive in rounds of testing 7 days or more after the first residents(s) identified COVID-19 positive).

Yellow Zone does **not** need to be considered if facility has only staff positive cases identified during outbreak testing.

Yellow Zone (Uncontrolled COVID-19 outbreak)	**Yellow Zone Phase**	**Staff PPE Use**	**Additional Transmission-Based Precautions Recommended**
	Phase 1	Staff universal use of N95 and eye protection. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Resident wear source control when outside of room. Restrict communal dining. Small group activities can continue with source control and physical distancing.
	Phase 2	Staff universal use of N95 and eye protection. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Resident wear source control when outside of room. Restrict dining and group activities.
	Phase 3	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Residents mostly limited to their rooms. Keep resident doors closed. Restrict dining and group activities. Facility can devise a plan for a small number of residents to be outside of their room at any given time with mask use. Facility should ensure physical distancing and could prioritize outdoor visits, dependent on weather.

Note: Facility can choose to initiate yellow zone precautions with any of the three phases listed above depending on their assessment of outbreak (e.g., nature of exposure, ability of residents to follow instructions, ventilation in the building, number of staff and resident cases etc.). However, if facility continues to see resident cases 7 days after implementing a lower-level phase, then proceed to a higher-level phase. If already on phase 3 and still seeing new cases 7 days later, reassess infection control practices and consider reaching out to Nebraska ICAP to discuss additional infection control measures.