



## 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 before entering resident room. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Repeated testing is not needed to exit isolation unless test-based strategy being used to determine isolation duration.	Keep resident room door closed; communal activity and dining are restricted for the resident; therapy and bathing are preferably performed in the resident room. Designated cohort units with dedicated staff are 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.  Residents should not be moved to a COVID unit until positive status confirmed.
Tan Zone (Facility or unit in outbreak status)	Everyone should mask in communal areas of facility.	Everyone should mask in communal areas of facility.  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 trace, if able to clearly identify exposures.  Broad-based (unit wide) if unable to contact trace or additional cases are identified after contact tracing approach.  When resources are limited, focus efforts on symptom monitoring and mask use among exposed individuals, and test those who develop symptoms.  *Outbreak testing is not recommended for asymptomatic persons with SARS-CoV-2 infection in the prior 30 days.	<b>Initial Testing when using contact tracing or broad-based testing approach:</b> Perform a series of three tests, 48 hours apart. This will typically be day 1 (exposure day 0), day 3, day 5.  <b>Follow-up testing if additional cases identified:</b> If using broad-based testing approach, 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 or ongoing transmission), facilities should consider using yellow zone instead of Tan Zone and implement broad-based testing approach.
Green Zone (No current outbreak)	Broader use of source control per facility policy, based on risk assessment of community level of transmission.	Broader use of source control per facility policy, based on risk assessment of community level of transmission.	No routine testing.  Perform test on anyone with even mild symptoms of COVID-19.	Promote core principles of COVID-19 infection prevention: <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Use of PPE per standard precautions</li> <li>• Respiratory hygiene/cough etiquette</li> <li>• Cleaning and disinfection of environmental surfaces</li> <li>• Instructional signage throughout facility</li> </ul>
Gray Zone (New admission or readmission)	Masking is at facility discretion; but recommended if resident reports exposure or symptoms.	Healthcare personnel don mask based on facility policy, resident exposure, or symptoms.	Testing is at facility discretion, although recommended if resident reports exposure or symptoms.	Quarantine not required for gray zone. However, if resident reports symptoms, follow light red zone recommendations

## Zones, PPE and Testing

Yellow Zone transmission-based precaution measures should be implemented in the event of COVID-19 transmission within the facility that is not controlled with initial interventions (e.g., large number of resident cases or ongoing transmission).

The facility can choose to initiate all yellow zone precautions or use a phased approach, 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.).

Yellow Zone	Resident Masking	Staff PPE Use	Testing	Additional containment strategies may include the following
Transition to yellow zone when initial interventions fail.	Residents wear source control when outside of room.	<p>Everyone should mask in communal areas of facility.</p> <p>Consider universal use of N95 and protective eyewear for staff when facility is in outbreak, especially when residents are unable to use source control or area is poorly ventilated.</p> <p>Respirator and eye protection may be used according to extended use guidance.</p>	Use broad-based testing approach which consists of testing every 3 days (twice weekly) until 14 days have passed since last known positive test.	<p>Limit group activities and communal dining. In some situations, small group activities can continue with source control and physical distancing.</p> <p>Visitation should occur in the resident's room. Visitors should not linger in common areas of facility or engage with other residents.</p> <p>Consider having small group activities outdoors and promoting outdoor visits, dependent on weather.</p> <p>Consider establishing dedicated cohort units (COVID unit) for residents with confirmed infection, if it is possible to do so in a safe manner. Dedicate staff to care for residents in cohort units (see Red Zone).</p> <p>Avoid new admissions or transfers into and out of units with infected residents or facility-wide if the outbreak is more widespread.</p>