Actions needed to be taken upon identification of a COVID-19 case at a facility

Notification:

- ☐ Inform Local Health Department of Positive COVID-19 case
- ☐ Inform Licensure (LTC-CMS Survey team)
- ☐ Notify facility leadership and activate Incident Command System if it has not already been activated.
- ☐ Identify a point person (IP, DON, ADON etc.) who will subsequently get in touch with Nebraska ICAP team for reviewing infection control measures on an ongoing basis in coming days.
    - ICAP will assist long-term care (including skilled nursing) and assisted living facilities with implementation of infection prevention strategies and may advise on testing, isolation, staff cohorting, PPE use and other infection control related issues
    - The introductory call will preferably include facility leadership, local health department and ICAP team, when possible and will be arranged by the local health department.

Isolation and quarantine:

If a resident is identified to have COVID-19:

- ☐ Isolate the resident (either in a designated isolation area if already established or in the resident own room if no isolation area is yet established)

- ☐ Identify any other ill residents or staff by evaluating them for presence of any symptoms for COVID-19. Isolate and test those with COVID-19 symptoms.
    - Refer to the ICAP Contract tracing, testing and quarantine guidance worksheet for staff/resident positive test. https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/08/Staff-Contact-Tracing-Document.pdf

      https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/08/Resident-Contact-Tracing-Document.pdf

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- Review the exposures and movements of COVID resident with COVID-19 illness in the past 14 days in order to establish how they may have been exposed to the infection.

- Determine who else (staff members and residents) in the building may have been exposed to COVID-19.
    - It is important to note that individuals with covid-19 infection may start exposing others 48 hours before the onset of their symptoms.
    - Review activities of residents with confirmed or suspected COVID-19 disease (since 48 hours prior to onset of their symptoms) and the type of care they have been receiving (e.g. nebulizers, multiple person assist etc.) to determine potential exposure to other residents and staff members.
    - If some staff members are also found to be ill, then review assigned duties and interview those staff members (who are suspected to have COVID-19 illness) to determine exposure risk for other staff and residents.

- Send ill staff home for isolation and quarantine exposed asymptomatic staff members who had medium or high-risk exposures.
    - Facilities can determine healthcare worker exposure risk using the CDC risk classification Table available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
    - If all staffing options have been exhausted, a healthcare worker who has been exposed but is asymptomatic can work masked with active monitoring for temperature and symptoms.
    - It is recommended that facilities should work with the local health department in making final decisions on who among the exposed asymptomatic staff members may still be able to work with close monitoring for symptoms.

- Set up red, yellow and green zones (as applicable) using DHHS/Nebraska ICAP cohorting guidance for LTCF to isolate symptomatic residents and quarantine asymptomatic exposed residents.
    - The guidance document is available at: https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf)
    - If the facility has any difficulties in identifying exposures and are not sure on how to designate red, green and yellow zone, a simple strategy will be to isolate all symptomatic residents (and they will be considered in red zone). All the asymptomatic residents in the facility will be considered exposed and will need to be in quarantine (yellow zone). Later on, after discussions with ICAP team, the facility can redefine these zones, if necessary.

- Ideally, all zones should have dedicated staff. However, if that is not possible than follow the staffing guidance outlined in the DHHS/ICAP cohorting guidance.
- If staff has to work in multiple zones, it will be preferred that they plan ahead and batch all the care-giving activities together in a way that they finish the work in one zone, to the extent possible, before moving on to the next zone. (Note: Extended use and reuse of PPE is not recommended when moving from red zone to yellow zone or yellow zone to green zone. Follow infection prevention and control procedures very strictly to avoid transmission between zones).

- If the resident with COVID-19 illness is being isolated in their own room then move the roommate to a private (single-bed) room within the yellow zone.
  - If such a room is not available then roommate will stay in the same room with the COVID-19 positive resident until a more suitable room has been identified.
  - Staff should change PPE after taking care of COVID-19 positive resident before taking care of the roommate in those scenarios.
  - Nursing homes are encouraged to discuss various options with ICAP team before making complex moving decisions.
  - Other symptomatic residents who are suspected to have COVID-19 illness and are now going to be tested should also be placed in isolation (in similar manner).

If a staff member is identified to have COVID-19:

- Make sure the staff member is not working and is isolated and local health department is aware.

- Identify any other ill staff or residents by evaluating them for presence of any symptoms for COVID-19. Isolate and test those with COVID-19 symptoms.

- Determine who else in the building (staff members and residents) may have been exposed to COVID-19 infection.
  - It is important to note that individuals with covid-19 infection may start exposing others 48 hours before the onset of their symptoms.
  - Review assigned duties and interview staff member (who was identified with COVID-19) to determine exposure risk for other staff and residents.
  - If some residents are also found to be ill and are now suspected of having COVID-19 infection, then determine the risk of them potentially exposing others (staff and residents) by reviewing their activities since 48 hours prior to onset of their symptoms.
  - Also take into account the type of care the symptomatic residents have been receiving (e.g. nebulizers, multiple person assist etc.) to determine potential exposure to other residents and staff members.

- Send ill staff home for isolation and quarantine exposed asymptomatic staff members who had medium or high-risk exposures.
    - Facilities can determine healthcare worker exposure risk using the CDC risk classification Table available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
    - It is recommended that facilities should work with the local health department in making final decisions on who among the exposed asymptomatic staff members may still be able to work with close monitoring for symptoms.

- Set up red, yellow and green zones (as applicable) using DHHS/Nebraska ICAP cohorting guidance for LTCF to isolate symptomatic residents and quarantine asymptomatic potentially exposed residents.
    - The guidance document is available at: https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf)
    - If the facility has any difficulties in identifying exposures and are not sure on how to designate red, green and yellow zone, a simple strategy will be to isolate all symptomatic residents (and they will be considered in red zone). All the asymptomatic residents in the facility will be considered exposed and will need to be in quarantine (yellow zone). Later on, after discussions with ICAP team, the facility can redefine these zones, if necessary.
    - Ideally, all zones should have dedicated staff. However, if that is not possible than follow the staffing guidance outlined in the DHHS/ICAP cohorting guidance.
    - If staff has to work in multiple zones, it will be preferred that they plan ahead and batch all the care-giving activities together in a way that they finish the work in one zone, to the extent possible, before moving on to the next zone. (Note: Extended use and reuse of PPE is not recommended when moving from red zone to yellow zone or yellow zone to green zone. Follow infection prevention and control procedures very strictly to avoid transmission between zones).

- If any resident is found to have symptoms suspected of COVID-19, they should be tested and isolated either in an isolation area designated by the facility or in their own room if no such area has been established. If the symptomatic resident is being isolated in their own room then move asymptomatic roommate to a private (single-bed) room within the yellow zone.
    - If such a room is not available then roommate will stay in the same room with the suspected COVID-19 resident until a more suitable room has been identified.
    - Staff should change PPE after taking care of resident with suspected COVID-19 before taking care of the roommate in those scenarios.
    - Nursing homes are encouraged to discuss various options with ICAP team before making complex moving decisions.

Testing:

- ☐ All staff members and residents with symptoms suspected of COVID-19 should be tested.
- ☐ Facility should preferably offer testing to the staff (in coordination with local health department) although they may also receive it at their physician's office.
- ☐ Symptomatic residents suspected of COVID-19 should receive testing at the facility.
    - Facilities should coordinate with local health department to receive testing kits.
    - Facility staff should perform the test after wearing appropriate PPE. A video explaining the procedure is available at:
        - NETEC COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab https://youtu.be/osl9W-O0O5g (video)
        - NETEC COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab flyer and validation checklist https://repository.netecweb.org/exhibits/show/ncov/item/894

    - In some scenarios, testing for asymptomatic residents and/or staff may be deemed necessary. However, those decisions will be made on case-by-case basis based on health department assessments.

Use of Personal Protective Equipment (PPE):

- ☐ Check the current inventory for all PPE.

- ☐ Review DHHS/Nebraska ICAP PPE guidance and cohorting guidance to identify what kind of PPE staff need to wear when taking care of residents who have suspected or confirmed COVID-19 disease and those who are exposed to COVID-19.
    - In summary, for taking cate of residents in isolation (red zone), staff will wear full COVID-19 level PPE which includes gloves, gowns, eye protection (preferably face shield and if not available then goggles), and N-95 masks or higher level respirator (and if not available then wear surgical masks and if possible, ask resident to wear the mask too).
    - For taking care of residents in quarantine (yellow zone), the PPE requirement is the same as for the residents in red zone. However, when PPE supply is inadequate, facility may follow CDC's extended use/limited reuse protocols for taking care of all residents in yellow zone. Another option is to consider limiting full COVID-19 level PPE to only high-contact resident care-activities or aerosol-generating procedures within the yellow zone. (Note: Surgical masks and gloves should always be used. The use of gowns and eye protection may be limited to only high-contact resident care-activities or aerosol- generating procedures within the yellow zone when PPE supply is limited).

- DHHS/NE ICAP PPE guidance (including links to CDC extended use and reuse guidance) is available at: https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/PPE-use-when-a-LTCF-has-a-COVID-19-infection-ICAP-guidance-4.16.2020.pdf
- DHHS/NE ICAP Cohorting guidance is available at: https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/Cohorting-Plan-for-LTCF-4.17.20.pdf

☐ Educate/Train all clinical staff in appropriate donning and doffing procedures and make donning and doffing checklists/posters available for reminders.
- Educational/resource and checklists are available at following links:
  - NETEC PPE Flyer and Competency Verification Checklists are at https://repository.netecweb.org/exhibits/show/ncov/item/697
  - Universal Mask Policy and FAQ- this one from Nebraska Medicine- includes extended wear of mask https://www.nebraskamed.com/sites/default/files/documents/covid-19/surgical-mask-policy-and-faq-nebraska-med.pdf
  - Proper Donning & Doffing of Procedural and Surgical Masks- Nebraska Medicine (Video) in the time of extended mask use. This one includes removal of the masks for breaks and the best way to do that. https://www.youtube.com/watch?v=z-5RYKLYvaw
  - This video shows the proper way to do the N95 seal check https://www.youtube.com/watch?v=pGXiUyAoEd8

☐ Calculate PPE burn rate to plan and optimize the use of PPE for response to COVID-19.
- Burn rate calculator is available on the CDC website at the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

☐ Reach out to local health department and healthcare coalition in advance if anticipating need for additional PPE supplies.

Additional Infection Prevention and Control Measures:

☐ All clinical staff (i.e. all staff who comes into contact with the residents or their rooms) should be wearing mask while in the facility.

- ☐ Initiate temperature and symptoms screen (for COVID-19) for anyone entering into the facility (if not already initiated) and symptomatic individuals should not be allowed in the facility.

- ☐ Monitor all residents for temperature and screen them for symptoms of COVID-19 at least 2 to 3 times a day.

- ☐ Stop all group activities and communal dining (if not already stopped) and advice residents to stay in their rooms

- ☐ Limit the numbers of healthcare workers going in the rooms of the residents (e.g. a nurse can deliver the food in the room instead of dietary staff member)

- ☐ More strict restrictions on staff entrance should be applied in the isolation (red zone) area. (e.g. nursing staff who is taking care of the residents may also be able to do cleaning and disinfection of high-touch surfaces in the room instead of EVS professionals; however, make sure that nursing staff is trained in cleaning high-touch surfaces. Educational videos are available at Nebraska ICAP website at following link:

  Environmental Cleaning in Healthcare Training Video Series
  https://icap.nebraskamed.com/practice-tools/educational-and-training-videos/draft-environmental-cleaning-in-healthcare/

- ☐ Make alcohol based hand sanitizers widely available in the facility including at the point of care (i.e. where resident care is taking place such as resident rooms).

- ☐ Place a laundry bag/bin near the exit of each resident room (in isolation or quarantine) for staff members to doff PPE and discard it into the bag/bin before leaving the room.

- ☐ Avoid opening windows or using fans as doing that may disturb the air flow in the facility and may lead to further transmission of infection in the facility.

- ☐ If an Airborne infection isolation room (negative pressure room) is available then it is recommended that residents with COVID-19 infection should be taken care of in those rooms. If more residents are diagnosed with COVID-19 and less negative pressure rooms are available then preference will be given to those residents who are getting aerosol generating procedures such as nebulizer, CPAP, etc.

- ☐ If negative pressure room is not available in the facility and resident with COVID-19 is getting aerosol generating procedure (e.g. nebulization, CPAP etc.) then it is preferable to keep the room door closed during that procedure, if possible. Staff should always wear the recommended PPE as mentioned in the PPE guidance.

- Conduct frequent audits for hand hygiene compliance, PPE donning and doffing practices, and environmental cleaning practices and provide real time feedback for improvement.