

Actions Needed to be Taken Upon Identification of a COVID-19 Case at a Facility

Definitions:

Outbreak: a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident

Fully vaccinated COVID individual:

- ≥2 weeks following receipt of the second dose in a 2-dose series
- ≥2 weeks following receipt of one dose of a single-dose vaccine

Unvaccinated individual:

- Has not received any COVID vaccination.

Partially vaccinated individual:

- Less than 2 weeks following receipt of the second dose in a 2-dose series
- Less than following receipt of one dose of a single-dose vaccine

Significant exposure for a “fully vaccinated resident”: When a fully vaccinated resident has been within 6 feet of an infected person (during the period of communicability/infectivity) for a cumulative total of 15 minutes or more over a 24-hour period. (Note: The start date for period of communicability/infectivity for individuals with COVID-19 infection is generally considered to be 2 days before the symptoms onset if they were symptomatic, or 2 days before the test positive date if they were asymptomatic. The end date for period of communicability is when they meet the CDC criteria for discontinuation of isolation).

Notification:

- Inform Local Health Department (LHD) of positive COVID-19 case
- Reporting positive cases:
 - SNF/NF: Report positive cases through NHSN.
 - Assisted Living Facilities: email ALF Reporting Spreadsheet to dhhs.epi@nebraska.gov or report through NHSN.
- Notify facility leadership and activate Incident Command System if it has not already been activated.
- Notify HCP, residents, and families per CMS [OSO-20-29-NH \(cms.gov\)](https://www.cms.gov/2019NQS/LongTermCare/OSO-20-29-NH) and [OSHA](https://www.osha-slc.gov/) requirements.
- Identify a point person (IP, DON, ADON etc.) who will subsequently get in touch with Nebraska ICAP.
 - 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

Initial Steps Upon Identifying a COVID Outbreak:

Testing

- Initiate outbreak testing per [QSO-20-38-NH REVISED \(cms.gov\)](#) for any staff or resident positive.
- In general, outbreak testing involves testing all staff and residents (regardless of their vaccination status) in the building every 3 to 7 days until no cases are identified in the building for 14 days. (Note: Once notified, ICAP team will be working with facilities to make sure that all their questions are being answered throughout the duration of the outbreak).
- If facility is using antigen tests, then they will need to follow the testing algorithm from the CDC which describes in which situations a confirmatory PCR tests is needed. (In general, symptomatic individuals who test negative on antigen test need a confirmatory PCR. Similarly, asymptomatic individuals who test positive on antigen test also need a confirmatory test). The detailed guidance can be found here: [Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities \(cdc.gov\)](#)
 - *Note:* When there is a discrepancy between the antigen and PCR test results, ICAP can provide further assistance on interpretation of those test results, as needed)
- Resources explaining the procedure are available at:
 - [NETEC: COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab - YouTube](#)
 - [NETEC: COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab - Flyer and Validation Checklist · NETEC Resource Library \(netecweb.org\)](#)

Visitation

- For visitation guidance during an outbreak, see page 4 of [QSO-20-39-NH REVISED \(cms.gov\)](#).
- In general, visitation needs to be discontinued until the facility completes a round of testing all the residents and staff. Further decisions on whether to allow routine visitations or not will be based on the testing results as outlined in the CMS memo.

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).
- Information to collect on positive resident:
 - Symptoms, vaccination status, previous history of COVID-19 infection, and If PCR has been done where was it sent for testing.
 - If only POC testing was performed, another specimen for PCR testing may need to be collected.
 - For residents with mild to moderate symptoms (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste/smell), they may meet criteria for monoclonal antibody therapy. Complete the ASAP survey to begin process: [Survey for New COVID-19 Cases Eligible to Receive Monoclonal Antibody Therapy \(nebraskamed.com\)](#)

- State or local health department may also need additional information such as full name, date of birth, dates of recent travels outside the facility (e.g. within last 14 days), dates and names of recent visitors (e.g. within last 14 days)
- Facility should also start looking into staff schedule to develop a list of staff who may have recently worked with the positive resident (e.g. within the last 14 days)
- Perform contact tracing for the positive resident starting from 48 hours prior to positive test date/symptom-onset (whichever was first):
 - Review the movements of the resident diagnosed with COVID-19 and determine potential exposures to staff and other residents.
 - Also consider the type of care the positive resident have been receiving (e.g. nebulizers, multiple person assist, etc.) to determine further exposure to residents and staff members.
 - High-risk areas to include in the review include communal dining, group activities, resident's roommate, community outings, etc. The goal is to identify all the residents and staff who may be exposed in different areas of the building.

Exposure guidance for staff and residents:

Vaccination Status	Exposure Guidance
Unvaccinated residents and partially vaccinated residents	Any exposure to a COVID+ individual should result in placement into yellow zone precautions
Fully Vaccinated residents	Any significant exposure (prolonged close contact) to an individual with COVID-19 should result in placement into yellow zone precautions.
Unvaccinated and partially vaccinated staff members	Will need to quarantine following exposure unless there is a staffing crisis in which case further risk assessments may be needed before making final decision (Note: ICAP may be able to help facilities with those assessments). Facilities can determine healthcare worker exposure risk using the CDC risk classification Table available at Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 CDC .
Fully Vaccinated staff members	Fully vaccinated staff members with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

If a Staff Member is identified to have COVID-19:

- Make sure the positive staff member is not working and has been sent home.
 - Review the [Return-to-Work Criteria for Healthcare Workers | CDC](#)
 - Information to collect on positive staff member:

- Symptoms, vaccination status, previous history of COVID-19 infection, and if PCR has been done where was it sent for testing.
 - If only POC testing was performed, another specimen for PCR testing may need to be collected.
 - State or local health department may also need additional information such as full name, date of birth etc. so that they can pursue further public health investigations
- Perform contact tracing for the positive staff member for 48 hours prior to positive date/symptom onset:
 - Review assigned duties and interview staff member (who was identified with COVID-19) to determine exposure risk for other staff and residents.
 - High-risk areas to include in review include the unit/work assignment, PPE use in the resident rooms/care areas such as universal masking/eye protection and use of PPE in nursing station/break rooms. The goal is to identify all the residents and staff who may be exposed in different areas of the building.

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Use of Personal Protective Equipment (PPE):

- Check the current inventory for all PPE.
 - 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 if anticipating need for additional PPE supplies.

- Supply chains are returning to normal, and facilities need to begin establish their own PPE supplies.
- Review [Cohorting Plan For LTCF \(to be implemented when a COVID-19 infection is suspected or identified\)](#) 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.

PPE Use per Isolation Zone		
Red Zone (Isolation zone/ COVID unit)	Dark Red: Residents with Positive COVID-19 test	COVID-19 Full PPE Respirator, Eye protection (Either Face shield or goggles), Isolation Gown, gloves Gown and gloves (with hand hygiene replaced between every resident) Respirator and Face Shield may be worn between residents if they are not touched
	Light Red (Isolation within quarantine zone): Symptomatic residents suspected of having COVID-19 but awaiting confirmation of the diagnosis [Note: Do not transfer to COVID-unit yet. Isolate in a private room within the yellow zone]	COVID-19 Full PPE
Yellow Zone (Quarantine zone): Asymptomatic residents who may have been exposed to COVID-19		COVID-19 Full PPE
Green Zone (COVID-19 free zone): Asymptomatic residents without any exposure to COVID-19		No respirator necessary, practice source control with surgical mask Eye protection (Face shield or goggles) as part of standard precautions will always be needed. Decisions on Universal eye protection can be made based on the community transmission of COVID-19 and resident vaccination rates. See suggested risk assessment template: COVID-19 Eye-Protection-Risk-Assessment- Template.pdf (nebraskamed.com) Be aware of other types of precautions (contact, droplet, air- borne) that may be needed for other pathogens (e.g. <i>C. difficile</i> , Norovirus, CP-CRE etc.)
Gray Zone (Transitional zone/Observation unit): Unvaccinated or partially vaccinated residents who are being transferred from the hospital/outside facilities (but have no known exposure to COVID-19) are usually kept in this zone for 14 days (if there is moderate to substantial COVID-19 transmission in the community) and if remains asymptomatic at the end of 14 day will be moved to Green zone		COVID-19 Full PPE

- 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:
 - [COVID-19 PPE Guidance · NETEC Resource Library \(netecweb.org\)](#)
 - This video shows the proper way to do the N95 seal check: [How to Perform a User Seal Check with an N95 Respirator - YouTube](#)

Setting up Zones after Identification of a COVID-19 case in the facility:

- When a resident case is identified then proceed with setting up a red zone.
 - If a facility has a completely separate unit or a walled off area in the building with empty rooms, a COVID-unit/red zone can be established in that area. Always evaluate airflow in the area where a red zone is being set up.
 - If the empty rooms are located in another unit which is not physically separated from the rest of the unit and sharing the same air space, **DO NOT** transfer the resident with COVID-19 in that unit without first checking with ICAP team. (Note: Transferring a positive or exposed resident from one unit to another unit may lead to further transmission of COVID-19 in the building.
 - If a completely separate or walled off unit with all empty beds is not available, initiate isolation in a private room within the same unit where the case is identified (sometimes it can be the resident own room if it is a private room). Consider that private room as a red zone/red room. If the resident with COVID-19 has a roommate, quarantine the roommate by themselves and do not cohort them with anyone else.
- Yellow zone set up depends on the nature of the exposures
 - All unvaccinated residents who have some exposure to the individual with COVID-19 or those fully vaccinated residents who had significant exposures (prolonged close contact) will need to be quarantined in the yellow zone.
 - In most cases, exposed residents own rooms will be considered a yellow zone/yellow rooms.
 - In general, it is best to **avoid** moving residents from one unit to another unit during an outbreak, as much as possible. ICAP is available to assist facilities with safe movement if a transfer from one unit to another unit is considered necessary.

Additional Infection Prevention and Control Measures:

- Stop all group activities, routine visitation, and communal dining (if not already stopped) and advise residents to stay in their rooms until a round of outbreak testing is completed. Further decision on whether all activities, routine visitation and communal dining can start will depend on the results of the testing and the extend of the exposure in the building. ICAP usually help facilities with those risk assessments.
- Continue COVID-19 symptom screening processes for everyone entering the building per CDC, OSHA, and CMS requirements.

- HCP who report symptoms should be excluded from work and should notify occupational health services to arrange for further evaluation.
- Monitor all residents for temperature and screen them for symptoms of COVID-19 at least 2 to 3 times a day.
- Limit the numbers of healthcare workers going in the rooms of the residents who are in quarantine or isolation (e.g. a nurse can deliver the food in the room instead of dietary staff member)
- Identify HCP who will be assigned to work only in the Red Zone (COVID unit). If possible, HCP should avoid working on both the COVID unit (red zone) and other units during the same shift.
 - To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit.
 - To the extent possible, HCP dedicated to the COVID-19 care unit (e.g., NAs and nurses) will also be performing cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities.
 - If environmental services (EVS) staff is performing cleaning in the red zone, they should also be dedicated to this unit (or if unable to dedicate, may plan daily activity in a way that they enter the red zone towards the end of their shift after they are done with rest of the facility).
- 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.
- Conduct frequent audits for hand hygiene compliance, PPE donning and doffing practices, and environmental cleaning practices and provide real time feedback for improvement.

Airborne Infection Isolation Room's (AIIR's)

- 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 potentially aerosol generating procedures such as CPAP, BiPAP, nebulization etc.
- If negative pressure room is not available in the facility and resident with COVID-19 is getting aerosol generating procedure 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.

References:

CDC References:

- [Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities \(cdc.gov\)](https://www.cdc.gov/long-term-care/antigen-testing/index.html)
- [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](https://www.cdc.gov/infection-prevention/2020/sars-cov-2-nursing-homes.html)
- [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 | CDC](https://www.cdc.gov/media/releases/2020/s0514-healthcare-guidance.html)
- [Personal Protective Equipment \(PPE\) Burn Rate Calculator | CDC](https://www.cdc.gov/media/releases/2020/s0601-ppe-burn-rate-calculator.html)
- [Return-to-Work Criteria for Healthcare Workers | CDC](https://www.cdc.gov/media/releases/2020/s0601-healthcare-workers-return-to-work.html)
- [Symptoms of COVID-19 | CDC](https://www.cdc.gov/media/releases/2020/s0601-symptoms-covid-19.html)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](https://www.cdc.gov/media/releases/2020/s0601-healthcare-infection-prevention-control-recommendations-covid-19-vaccination.html)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](https://www.cdc.gov/media/releases/2020/s0601-healthcare-infection-prevention-control-recommendations-covid-19-vaccination.html)

CMS References:

- [QSO-20-29-NH \(cms.gov\)](#)
- [QSO-20-39-NH REVISED \(cms.gov\)](#)
- [QSO-20-38-NH REVISED \(cms.gov\)](#)

ICAP/DHHS References:

- [Cohorting-Plan-for-LTCF-4.17.20.pdf \(nebraskamed.com\)](#)
- [COVID-19-Eye-Protection-Risk-Assessment-Template.pdf \(nebraskamed.com\)](#)
- [Personal Protective Equipment \(PPE\) Request Form \(jotform.com\)](#)
- [Survey for New COVID-19 Cases Eligible to Receive Monoclonal Antibody Therapy \(nebraskamed.com\)](#)

OSHA References:

- [1910.502 - Healthcare. | Occupational Safety and Health Administration \(osha.gov\)](#)

NETEC References:

- [COVID-19 PPE Guidance · NETEC Resource Library \(netecweb.org\)](https://netecweb.org/COVID-19-PPE-Guidance)
- [NETEC: COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab - YouTube](#)
- [NETEC: COVID-19 Laboratory Specimen Collection: Nasopharyngeal Swab - Flyer and Validation Checklist · NETEC Resource Library \(netecweb.org\)](#)