ICAP Summary of Recommendations for COVID-19 in a Long-Term Care Facility

In general, the following items need to be prioritized upon identification of a COVID-19 case:

□ Notification of Outbreak
□ Contact tracing and testing
□ Isolation (for suspected or confirmed COVID-19)
□ Evaluation for need of a Yellow Zone
□ Review PPE requirements with staff
□ Review basic infection control measures with staff
□ Review enhanced environmental disinfection needs
□ Evaluate residents' eligibility for COVID-19 therapeutics

Definitions:

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

Close contact: Being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with SARS-CoV-2 infection.

Source Control

- Source control (masks) should be worn by everyone in the healthcare setting who:
  - Have suspected or confirmed COVID-19 infection or other respiratory infection (e.g., those with runny nose, cough, sneezing)
  - Had close contact or a higher-risk exposure with someone with COVID-19 infection, for 10 days after their exposure
  - Reside or work in a unit experiencing COVID-19 outbreak. Universal source control should be worn until no new cases have been identified for 14 days
  - Have otherwise had source control recommended by public health authorities
- Broader use of source control facility wide should be based on facility risk assessment, targeted toward higher risk areas and patient populations during periods of higher levels of COVID-19 or other respiratory virus transmission.

Visitation When Facility is Not in an Outbreak

Facilities should follow guidance from CMS about visitation QSO-20-39-NH REVISED 05/08/23 (cms.gov).

Visitation During a COVID-19 Outbreak

Facilities should follow guidance from CMS about visitation QSO-20-39-NH REVISED 05/08/23 (cms.gov).

- If indoor visitation is occurring in areas of the facility experiencing transmission, it should ideally occur in the resident's room. The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit.

New Admission / Readmission to Facility

- New admission testing is at the discretion of the facility. The facility may consider community levels of COVID-19 to inform their practice.
    - However, if resident has reported exposure to or symptoms of COVID-19 then testing for COVID-19 should be performed.

Initial Steps Upon Identifying a COVID-19 Outbreak:

Reporting / Notification of Outbreak:

- Reporting positive test results:
    - SNF/NF: Report positive cases through NHSN.
    - Assisted Living Facilities: email dhhs.epi@nebraska.gov to request COVID-19 case reporting instructions and forms **OR** report through NHSN.
- Inform Local Health Department (LHD) of positive COVID-19 case, depending on specific local health department expectation/direction.
- Follow your facility policy regarding internal notification of an identified positive case (for example notifying facility leadership or activating incident command etc., as applicable)
- Contact ICAP, as needed, for infection control related questions.

Contact Trace / Testing:

- Perform contact tracing of the positive resident or staff member starting from 48 hours prior to the symptom onset or positive test date (if asymptomatic).
- Initiate outbreak testing per Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | CDC. Facilities can use one of the two approaches depending on the circumstances as described below.
- A contact tracing approach can be used when the facility is able to clearly identify close contact exposures (e.g., limited resident(s) exposed to a visitor or contract therapy staff)
    - Initial testing of close contacts should be performed as a series of three tests, 48 hours apart. This will typically be at day 1 (exposure is day 0), day 3, and day 5.
    - If additional COVID-19 positive cases are identified during initial testing and ongoing transmission is suspected shift to broad-based testing approach as described below.
- A broad-based (e.g., unit wide) approach to testing should be used when close contacts cannot be identified, or when additional cases are identified after the contact tracing approach.
    - Initial testing of close contacts should be performed as a series of three tests, 48 hours apart. This will typically be at day 1 (exposure is day 0), day 3, and day 5.
    - If additional COVID-19 positive cases are identified during initial testing, follow-up testing should be completed every 3-7 days (twice weekly) until there are no new cases for 14 days.
    - During broad based testing everyone in a particular location (e.g., specific unit or hallway) needs to get tested regardless of whether considered close contact or not.
- Testing is generally not recommended for asymptomatic staff and residents who have recovered from SARS-CoV-2 infection in the prior **30** days.
- Note: When testing symptomatic individuals:
    - If using PCR (NAAT) testing, a single negative test is sufficient in most circumstances.

- If a higher level of suspicion for SARS-CoV-2 infection exists, consider maintaining isolation precautions and confirming with a second negative PCR.
  - If using an antigen test, a negative result should be confirmed by either a negative PCR test or second negative antigen test taken 48 hours after the first negative test.
    - Isolation of the resident is recommended until the second antigen test is negative. See "light red zone" in the ICAP Zones graphic below
  - PCR tests for confirmation can be sent to NPHL without any cost. (Contact the Local health department to obtain test kits for the specimen. Facilities will need approval from the health department before sending test to NPHL. Further information regarding NPHL can be found at http://www.nphl.org/

Work Restrictions for a Staff Member Identified to have COVID-19

- Staff diagnosed with COVID-19 need to be restricted from work until at least 7 days have passed since symptoms first appeared (or from the date of positive test if asymptomatic), AND they have resolution of fever (without fever reducing medication), AND an improvement of symptoms, AND negative viral testing. If using an antigen test, staff member should have a negative test obtained on day 5 and again 48 hours later.
- If the staff member tests positive on day 5 or7, or testing is not performed between day 5-7 then restriction will need to be extended for at least 10 days**.**

Isolation of Resident Identified to Have COVID-19 (Red Zone)

- Isolate the resident in a private room (can be the resident's own room) or in a designated isolation area if established. Resident door should be kept closed.
  - If the resident with COVID-19 has a roommate, the roommate should be moved to a separate private room if available within the same unit/hallway. (Do not move the resident into another area of the building where no cases of COVID-19 have been identified). When moving residents from one room to another, facilities will need to follow all relevant regulations that apply to changing resident rooms.
- Duration of resident isolation period:
  - Resident(s) with mild to moderate illness that have a resolution of fever (without fever reducing medication) and an improvement of symptoms should be isolated for a duration of 10 days.
  - Residents that are moderately to severely immunocompromised or who are identified to have a severe or critical infection, may require up to 20 days of isolation. Test-based strategy can be considered to discontinue isolation in moderately to severely immunocompromised individuals (which usually requires documentation of two consecutive negative test at least 48 hours apart).
- For larger outbreaks, if a facility has a separate unit or a walled off area in the building with empty rooms, a COVID-unit/red zone can be established in that area to move all the COVID-19 positive residents to one area. Always evaluate airflow in the area where a red zone is being set up to avoid exposures to other units/hallways.
  - 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). Also note that facilities will need to follow all relevant regulations that apply to changing resident rooms including securing consent from residents/families.

PPE Required for care of Resident with COVID-19

- Staff entering the room of a resident with COVID-19 should adhere to standard precautions and use respirator (N95), gown, gloves, and eye protection.
- Consider facility policy requiring universal use of N95 respirators and protective eyewear for all staff during an outbreak.
- 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 COVID-19 PPE: Donning and Doffing
    - This video shows the proper way to do the N95 seal check: How to Perform a User Seal Check with an N95 Respirator - YouTube

Evaluation of Eligibility for COVID-19 Therapeutics for Resident Identified to Have COVID-19

- Symptomatic COVID-19 positive residents (even with mild symptoms) are usually eligible to receive one of the COVID-19 treatment options that has been shown to reduce the likelihood for hospitalization and death. Facilities should reach out to residents' primary care physicians or medical director of the facility to determine eligibility and obtain orders.
- Nebraska ASAP can help determine eligibility for COVID-19 therapeutics using this link https://redcap.nebraskamed.com/surveys/?s=ATXH748HAD4C748E [nam04.safelinks.protection.outlook.com]. However, facilities will need to communicate directly with the residents' primary care physicians/ medical director and the pharmacy to order COVID-19 treatment.

Empiric Use of Transmission Based Precautions

- In general, providing care to residents with close contact exposures do not require the empiric use of transmission-based precautions (or quarantine).
  - The empiric use of transmission-based precautions (gowns, gloves, N-95 masks, and eye protection) should be considered when an outbreak is not controlled with initial interventions within the first 7 days after an identified COVID-19 positive resident case or when other outbreak control related concerns exist.
    - Refer to Yellow Zone on Zones-and-PPE.pdf (nebraskamed.com).
    - Resident(s) movement outside the room will also need to be restricted/limited when using transmission-based precautions

Residents are recommended to wear mask when they are around others, if exposed to someone with COVID-19 infection or if they are on the unit where ongoing transmission of COVID-19 is suspected.

Additional Infection Prevention and Control Measures:

- Establish a process (e.g., signage) to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
    - a positive viral test for SARS-CoV-2

        - symptoms of COVID-19, or
        - close contact with someone with COVID-19
            - It is safest to defer non-urgent in-person visitation until 10 days after their close contact

- Establish a process to identify residents that have any symptoms, even mild, consistent with COVID-19. Symptoms can include, but are not limited to, fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
- Limit the numbers of healthcare workers going in the rooms of the residents who are COVID-19 positive (e.g., a nurse can deliver the food in the room instead of a dietary staff member).
- If facility implements a dedicated Red Zone, HCP should avoid working on both the COVID unit (red zone) and other units during the same shift when possible.
    - 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., nurse aides 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).
- Enhance cleaning and disinfection practices in facility using a facility approved disinfectant on the EPA List N.
- ICAP environmental disinfection and cleaning videos can be used for staff training: [Cleaning and Disinfection Video Series - ICAP (nebraskamed.com)]
- 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.
- Enhanced environmental cleaning and disinfection measures may need to be taken (e.g. more frequent cleaning and disinfection of common areas in units where it is hard to keep a resident with COVID-19 in their rooms at all times and require frequent redirection because of resident not able to follow the isolation recommendations)

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. [Please

note that room door should be kept closed at all times to the extent possible for any residents who are in quarantine or isolation for COVID-19]

Refer to ICAP Zones, PPE and Testing document as quick reference. For printable version: Zones-and-PPE.pdf (nebraskamed.com)

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)	Source control (mask) recommended when Community transmission is **high**. Source control per facility policy and residents' personal choice when Community Transmission is not high.	Source control recommended when Community transmission is **high**. Source control per facility policy when Community Transmission is not high. Facility should consider universal use of N95 and protective eyewear for staff when Community Transmission levels are **high**.	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

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 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)

The facility can choose to initiate yellow zone precautions with any of the three phases listed 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 using a phased approach and the 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.

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.

References:

CDC References:

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | CDC
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
- Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC
- Personal Protective Equipment (PPE) Burn Rate Calculator | CDC
- Symptoms of COVID-19 | CDC

CMS References:

- QSO-20-39-NH REVISED (cms.gov)

ICAP/DHHS References:

- Nebraska ICAP Zones, PPE, and Testing
  https://icap.nebraskamed.com/wp-content/uploads/sites/2/2022/08/Zones-and-PPE.pdf
- Nebraska ASAP COVID-19 Treatment Request Order Form/Survey
  https://redcap.nebraskamed.com/surveys/?s=ATXH748HAD4C748E
- Nebraska ICAP Environmental Cleaning and Disinfection Videos
  https://icap.nebraskamed.com/?s=cleaning&post_type=video

NETEC References:

- NETEC COVID-19 PPE: Donning and Doffing