Division of Long Term Care

Long-term Care COVID-19 Clinical Guidance

INTRODUCTION

COVID-19 clinical guidance related to long-term care facilities is based on the congregate setting, increased susceptibility of elderly population to respiratory illness, current knowledge on the disease, infection prevention principles and prophylactic/ therapeutic options.

COVID-19 is caused by SARS COV-2 virus. The virus spreads from person to person via respiratory droplets. People who are closer than 6 feet from the infected person are most likely to get infected. Individuals can acquire the virus by touching the eyes, nose, mouth with virus on the hands.

COVID-19 can have varied manifestations ranging from asymptomatic to severe disease. Asymptomatic individuals can also transmit the virus, whether or not they develop symptoms later. The virus can mutate during transmission and replication cycle to create a variant strain. Variants could have differences with respect to ability to transmission, disease severity, vaccine effectiveness and response to therapeutics.

How Coronavirus Spreads (CDC 7.14.21)

GUIDING PRINCIPLES

- An individual is considered fully vaccinated two weeks after completion of the vaccine series, according to emergency use authorization or approval guidance by U.S. Food and Drug Administration.
- Immunocompromised should follow the guidance for unvaccinated individuals even after being fully vaccinated.
- An individual with confirmed COVID-19 in the last 90 days needs to be tested only if symptomatic. The 90-day count starts from day of diagnosis.
- Follow this testing algorithm for placement of the resident in the correct zone or for assessment of return to work for staff.
    - Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (CDC 1.15.21)
- Individuals in transmission-based precautions (TBP) cannot have visitors other than compassionate care or an essential family caregiver.
- Testing in this document means a viral test (point of care/antigen or PCR/NAAT), not an antibody test.
- Strategies described under CDC guidance may be used in case of staffing shortage.
- CDC guidance documents:
    - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (CDC 4.27.21)
    - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC 3.29.21)
    - Strategies to Mitigate Healthcare Personnel Staffing Shortages (CDC 3.10.21)

KEY INDICATORS TO FOLLOW

- County positivity based on CDC tracker- check once a week same day of the week- this will be the basis for routine testing frequency and at times could affect visitation.
    - CDC COVID Data Tracker

1. Facility resident vaccination rates can affect indoor visitation for the unvaccinated resident based on county positivity. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (CDC 4.27.21). Refer to visitation section on COVID-19 Regulatory Visitation and Activities Guidance for LTC

- Routine testing frequency based on CMS NH testing guidelines
    - QSO-20-38-NH REVISED (CMS 4.27.21)

PREVENT THE INTRODUCTION OF COVID-19 INTO YOUR FACILITY

Long-term care centers should take preventive measures every day to contain the spread of COVID-19.

- Screen all healthcare personnel (HCP) each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of COVID-19 and for any history of being a close contact or exposed to COVID-19 positive or symptomatic person in the preceding 14 days.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of COVID-19 infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of COVID-19 infection.
- Assess residents for symptoms of COVID-19 infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

EXPOSURE

Exposure or close contact is defined as an interaction for a total of 15 minutes or more in 24 hours, fewer than 6 feet distance with a known COVID-19 case starting from two days before the onset of symptoms or positive test if asymptomatic.

From exposure to development of symptoms can take anywhere between two and 14 days.

- COVID-19 Control Measures 410-IAC-1

HCP wearing proper PPE caring for a known COVID-19 case is not considered an exposure.

- Both vaccinated and unvaccinated residents with known exposure to COVID-19 should be monitored in yellow zone TBP for full 14 days. They should be tested immediately and again at 5-7 days after exposure. Testing negative does not warrant movement back to green zone until 14 days have passed.
    - Refer to **COVID-19 LTC Infection Control Guidance.**
    - Refer to **Symptomatic Individuals** and **Known COVID-19** sections of this guidance if symptoms occur or the resident tests positive for COVID-19.
- Unvaccinated staff with exposure to COVID-19 should be excluded from work for 14 days, recommended to undergo testing immediately and 5-7 days after exposure.
- Vaccinated staff with a high-risk exposure should undergo testing immediately and at 5-7 days after exposure, and do not need to be restricted from work if asymptomatic. Higher-risk

exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

- Vaccinated staff with exposure should undergo testing at 3-5 days.. They do not need to be restricted from work if asymptomatic.
- When a resident had known exposure, it should be discussed with facility medical director if candidate for post exposure prophylaxis. (Currently monoclonal antibody therapy is available under emergency use authorization).
    - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 (CDC 3.11.21)
    - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (CDC 4.27.21)
    - Resources for Clinicians | combatCOVID.hhs.gov
    - Strategies to Mitigate Healthcare Personnel Staffing Shortages (CDC 3.10.21)

Staff must refer to CDC guidance below for any update prior to any travel.

- Domestic Travel During COVID-19 (CDC 4.20.21)
- International Travel During COVID-19 (CDC 4.20.21)
- COVID-19 Travel Recommendations by Destination (CDC 4.23.31)

SYMPTOMATIC INDIVIDUALS

Symptoms may appear 2-14 days after exposure to the virus. COVID-19 can have severe manifestations including organ system failure, need for hospitalization and can result in death.

- COVID-19 Control Measures 410-IAC-1

Guidance for symptomatic individuals is same irrespective of the vaccination status.

- Residents with symptoms of COVID-19 at any time should be tested and be placed in TBP until meets criteria for discontinuation of TBP, irrespective of the vaccination status. If an alternate diagnosis is identified and COVID-19 is excluded, follow the guidance for the alternate diagnosis.
- Staff with symptoms of COVID-19 should be tested and be restricted from work until isolation is completed if it is a COVID-19 case, or until COVID-19 has been ruled out according to Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (CDC 1.15.21). Staff with symptoms can return to work if alternate diagnosis is identified when such diagnosis poses no work or infection control restrictions.

KNOWN COVID-19 CASE

Known COVID-19 case is an individual with a positive COVID-19 test based on the algorithm.

- Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (IDOH 1.15.21)

Facility-onset case: Following the definition from CMS (QSO-20-30-NH): "A COVID-19 case that originated in the facility; not a case where the facility admitted an individual from a hospital with known COVID-19 positive status, or an individual with unknown COVID-19 status that became COVID-19 positive within 14 days after admission."

Community acquired case: A staff member who was exposed to COVID-19 outside of the facility and did not enter the facility while potentially infectious.

- Nursing Home COVID-19 Testing FAQs (CMS 8.26.20)

RESIDENTS

Residents with mild to moderate COVID-19 should be isolated in red zone for 10 days, and those with severe COVID-19 or immunocompromising condition for 20 days.

- Known COVID-19 residents must be assessed three times daily.
- Known COVID-19 resident cases should be discussed with facility medical director regarding treatment options (monoclonal antibody therapy is available under emergency use authorization).

  - Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings (CDC 6.2.21)
  - monoclonal Antibody Resources for Clinicians

HEALTHCARE PERSONNEL

Known COVID-19 staff cases should be isolated at home and should follow the return-to-work criteria as designated by CDC updated guidance:

- Staff with mild to moderate COVID-19 and no immunocompromised condition can return to work after 10 days if fever free for 24 hours without medications, and improved symptoms.
- Those with severe illness or if immunocompromised, may return to work 20 days from date of diagnosis if fever free for 24 hours without medication and improved symptoms.
- In case of staffing shortage, the facilities with active COVID-19 cases can continue to allow asymptomatic COVID-positive HCP to work in the COVID-19 unit (red zone) of the facility.
  - Return-to-Work Criteria for Healthcare Workers (CDC 6.2.21)

STAFFING SHORTAGES

To address staffing shortage, facilities may use the following strategies according to CDC guidance. See the full guidance on CDC website before implementing strategies staffing shortages.

- Adjust staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities.
- Develop regional plans to identify alternate care sites with adequate staffing to care for patients with COVID-19 infection.
- Allowing asymptomatic HCP who have had a higher-risk exposure to SARS-Cov-2 (the virus that causes COVID-19) but are not known to be infected to shorten their duration of work restriction as described in Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. Facilities should understand that shortening the duration of work restriction might result in additional transmission risks. These HCP should still report temperature and absence of symptoms before each day before starting work. If these HCP develop symptoms consistent with COVID-19, they should stop working and notify their supervisor or occupational health services prior to leaving work.

Crisis Capacity Strategies to Mitigate Staffing Shortages:

- Implement regional plans to transfer patients with COVID-19 to alternate care sites with adequate staffing.
- Allow asymptomatic HCP who are not fully vaccinated and have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period. Follow for symptoms as above.

If staffing shortages continue despite other mitigation strategies, as a last resort consider allowing HCP with suspected or confirmed SARS-CoV-2 infection who are well enough and willing to work but have not met all Return to Work Criteria to work. When in crisis capacity, IDOH recommends that asymptomatic HCP with suspected or confirmed COVID-19 may work on COVID-19 unit (red zone) until they meet the Return to Work Criteria. Once they meet return to work criteria, they can be assigned to any unit.

- Strategies to Mitigate Healthcare Personnel Staffing Shortages (CDC 3.10.21)

If possible, HCP should be designated and avoid working on both the COVID-19 unit and other units during the same shift. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 in Nursing Homes, CDC (3/29/21)

1. Assure that red and yellow zone is clearly marked and each resident's door has TBP signage for proper PPE
2. Recommend using conventional PPE for all staff who cross zones during their shift. See the guidance in COVID-19 Infection Control Guidance in Long Term Care Facilities section of SOP:
3. Staff may be shared in the red and yellow zone as your first mitigation, working from yellow zone to red zone.
4. If you must use same staff for both green and red zone, perform frequent infection control rounds to assure proper PPE donning, doffing and hand hygiene. Working from green zone, then yellow then red zone.
5. Consider staffing with vaccination status of your team in mind.
6. Assure full cohorting of equipment and supplies per zone.
7. Refer to Crisis Capacity Staffing from CDC; https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

ASSESSMENT OF RESIDENTS

- Screen all residents daily for COVID-19 symptoms.
- Increase monitoring of residents with suspected or confirmed COVID-19, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection.

- QSO-20-38-NH (CMS 4.27.21)
- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC 3.29.21)

NEW ADMISSIONS/RE-ADMISSIONS

A resident going outside the facility for more than 24 hours is considered a re-admission. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (CDC 3.29.21)

- Upon admission or re-admission, individuals should be screened for symptoms of COVID-19 and potential exposure during the 14 days prior to admission or re-admission. (Please refer to symptomatic individuals and exposure sections above.)
- Unvaccinated new admissions/re-admissions should be observed in TBP, yellow zone for full 14 days even if they have negative test. They should be moved to red zone if confirmed positive for COVID -19. They can be released to green zone after 14 days if asymptomatic.
- Fully vaccinated new admissions/re-admissions do not need to be in TBP if they are asymptomatic, have not had prolonged contact with someone with known COVID-19.
- All new admissions should be given a point-of-care (POC) test upon admission to the facility. If positive, but no symptoms or known exposure, must be followed up with a PCR test. Individuals with positive POC test should stay in yellow zone and moved to red zone if PCR positive.
- All re-admissions should be monitored for symptoms and facilities may consider POC testing at day 3-5 upon return based on screening or high-risk activities.

If the hospital tested someone within 24 hours prior to discharge, receiving facility can skip testing upon arriving to the facility and make zone placement decisions based on the hospital test. If any new symptoms or exposure since the last test, receiving facility should test again. Receiving facility may NOT ask the hospital to perform a COVID-19 test to accept an individual.

OUTBREAKS

Outbreak is defined as a single staff case or any single facility onset resident case. When an outbreak is identified at a facility, all residents and staff must be tested every 3-7 days until no new cases are reported for 14 days. Exclude testing for those with previous COVID-19 infection in the last 90 days, unless symptomatic.

Do not initiate outbreak testing based on a staff having a community acquired case, i.e. exposed to COVID-19 outside of the facility and did not enter the facility while potentially infectious.

- Testing Guidelines for Nursing Homes (CDC 1.7.21)
- Nursing Home COVID-19 Testing FAQs (cms.gov)

REPORTING REQUIREMENTS

All COVID-19 cases and deaths must be reported within 24 hours to IDOH as per the guidance document.

- LTC Facility Data Submission Guidelines Updated (IDOH 12.21.20)

RESIDENTS LEAVING THE BUILDING

Residents should adhere to the core principles of infection control while outside the facility. Facilities may consider testing asymptomatic residents who leave the facility frequently, such as for dialysis or chemotherapy. In most circumstances, quarantine is not recommended for residents who leave the facility

for fewer than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with COVID-19 infection. Individuals should be screened for COVID-19 symptoms and for exposure to known COVID-19 after each excursion.

- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC 3-29-21
- QSO-20-38-NH (CMS 4.27.21)

TESTING

- Outbreak testing for all every 3-7 days until no new cases for 14 days
- Routine testing based on community positivity CMS memo
- Symptomatic need to be tested irrespective of previous COVID-19 infection and vaccination status
- Exposed residents and staff should be tested as outlined in exposure section.
- Exposed vaccinated staff should be tested at 3-5 days, vaccinated staff with high exposure should be tested immediately and at 5-7 days
- Unvaccinated staff with exposure should be tested and quarantined.

- Testing Guidelines for Nursing Homes (CDC 1.7.21)
- QSO-20-38-NH REVISED (CMS 4.27.21)

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, *vaccinated and unvaccinated*, with signs and symptoms must be tested	Residents, *vaccinated and unvaccinated*, with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, *vaccinated and unvaccinated*, that previously tested negative until no new cases are identified*	Test all residents, *vaccinated and unvaccinated*, that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident routinely leaves the facility.

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency of *Unvaccinated Staff**
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

**Vaccinated staff do not need to be routinely tested*

*This frequency presumes availability of POC testing onsite at the nursing home or where offsite testing turnaround time is fewer than 48 hours.