Contents

CDC GUIDANCE

Per CDC IPC guidance, Assisted Living facilities (ALFs) and Intermediate care facilities (ICFs) should follow Community-Level Prevention Strategies based on COVID-19 Community Levels:

Low	Medium	High	At all COVID-19 Community Levels:	When the COVID-19 Community Level is Medium or High:	When the COVID-19 Community Level is High:
Community-Level Prevention Strategies			• Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services. • Ensure access to testing, including through point-of-care and at-home tests for all people. • Maintain ventilation improvements. • Provide communications and messaging to encourage isolation among people who test positive.	• Implement screening testing in high-risk settings such as assisted living facility, correctional facilities, shelters • The facilities can determine the frequency of screening testing based on the community COVID-19 trends assessment. • Testing for new admissions is highly recommended when the COVID-19 community transmission levels are high – Testing on admission, 48 hours later and then 48 hours later.	• Implement healthcare surge support as needed – contact health district.

SOURCE CONTROL

ALFs and ICFs are no longer required to wear source control at all times as per the CDC.

However, the facilities may consider using source control in certain high-risk situations

- When the community levels are high
- Working with severely immunocompromised residents or residents who are at high risk of getting severely ill
- Staff who have high risk like recent travel
- Residents and staff who are exposed to covid-19 for 10 days post exposure
- Residents and staff who recently tested positive for covid-19- for up to 10 days after positive test
- Residents and staff with respiratory symptoms.
- New resident admissions when the community levels are high – for 10 days following admission
- When your facility is in a COVID-19 outbreak – Facilities are expected to follow the Interim Infection Prevention and Control Recommendations for Healthcare Personnel guidance during an outbreak

- Visiting or shared **healthcare personnel** who enter the residential care facility to provide care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the **RECOMMENDED ROUTINE INFECTION PREVENTION AND CONTROL (IPC) PRACTICES DURING THE COVID-19 PANDEMIC** for nursing homes.
- Staff in the residential care setting who are providing in-person services for a resident with a SARS-CoV-2 infection, should be familiar with recommended **IPC PRACTICES** to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices

OUTBREAK

- If you have a resident or staff test positive, then follow the Interim Infection Prevention and Control Recommendations for Healthcare Personnel as detailed below:

- Report to Southwest District Health

TESTING

- Anyone with symptoms – Isolate and Test immediately
- Contact tracing/broad based approach
    - Tested on Day 1, Day 3, and Day 5 after exposure
    - Asymptomatic individuals who recovered from COVID-19 in past 30 days – no testing
    - Asymptomatic individuals who recovered from COVID-19 in past 31 - 90 days – Rapid testing
- If using antigen testing – Best practice is to test 2 - 3 times 48 hours apart. If using PCR tests one round of testing would suffice. Rapid antigen test can give false negative results especially during the early stages of infection.
- If the first 3 rounds of testing identify more positives, then increase the frequency of testing to twice weekly until you have 2 weeks of negatives. You may also expand the testing to unit wide/facility wide testing based on the COVID-19 transmission within your facility.

SUSPECTED AND CONFIRMED CASES OF SARS-COV2 -RESIDENTS

- Resident with symptoms should be placed under empiric TBP
- Test immediately – If using antigen testing, best practice is to test 2 - 3 times 48 hours before confirming the person as truly COVID-19 negative. If using PCR tests one round of testing would suffice. This is because Rapid antigen test can give false negative results especially during the early stages of infection.

Duration of Transmission based precautions

Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral test.

Patients with severe to critical illness and who are *not* moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised patients can be used to inform the duration of isolation.

RESIDENTS – HIGH RISK EXPOSURE TO COVID-19

- No quarantine for asymptomatic residents
- Wear source control 10 days following exposure
- Testing - Tested on Day 1, Day 3 and Day 5 after exposure
    - Asymptomatic individuals who recovered from COVID-19 in past 30 days – no testing
    - Asymptomatic individuals who recovered from COVID-19 in past 31 - 90 days – Rapid testing

- Quarantine (7 days with testing or 10 days) may be considered if
    - Patient is unable to be tested or wear source control as recommended for the 10 days following their exposure
    - Patient is moderately to severely immunocompromised
    - Patient is residing on a unit with others who are moderately to severely immunocompromised
    - Patient is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

SUSPECTED AND CONFIRMED CASES OF SARS-COV2 -STAFF

- Staff with symptoms should be restricted from work and tested immediately
- If using antigen testing, best practice is to test 2 - 3 times 48 hours before confirming the person as truly COVID-19 negative. If using PCR tests one round of testing would suffice. This is because Rapid antigen test can give false negative results especially during the early stages of infection.

Return to Work Criteria for HCP with SARS-CoV-2 Infection

HCP with mild to moderate illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7)*,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
- *Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP with severe to critical illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 10 days and up to 20 days have passed *since symptoms first appeared,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and** symptoms improved.

STAFF – HIGH RISK EXPOSURE TO COVID-19

- No work restriction
- Wear source control 10 days following exposure
- Testing - Tested on Day 1, Day 3 and Day 5 after exposure
    - Asymptomatic individuals who recovered from COVID-19 in past 30 days – no testing
    - Asymptomatic individuals who recovered from COVID-19 in past 31 - 90 days – Rapid testing

- Work restriction (7 day with testing or 10 days) is recommended if
    - Staff is unable to be tested or wear source control as recommended for the 10 days following their exposure
    - Staff is moderately to severely immunocompromised
    - Staff cares for or works on a unit with patients who are moderately to severely immunocompromised
    - Staff works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

STRATEGIES TO MITIGATE HEALTHCARE PERSONNEL STAFFING SHORTAGES

This guidance provides information on strategies to mitigate healthcare personnel staffing shortages- https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html