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## CDC GUIDANCE FOR SNFS

Per CDC IPC guidance, Skilled Nursing facilities should follow [interim Infection Prevention and Control Recommendations for Healthcare facilities](#) based on [the COVID-19 Community transmission levels](#).

## SOURCE CONTROL

- When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.
  - *HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms)*
- When SARS-CoV-2 Community Transmission levels are not high, healthcare facilities could choose not to require universal source control.

Irrespective of the Community Transmission levels, Source control is recommended if the individual

- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure: or
- Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or
- Have otherwise had source control recommended by public health authorities

When community transmission is high

- NIOSH-approved particulate respirators with N95 filters or higher used for:
- All aerosol-generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings?).
- NIOSH-approved particulate respirators with N95 filters or higher can also be used by HCP working in other situations where additional risk factors for transmission are present, such as the patient is unable to use source control and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place.
- To simplify implementation, facilities in counties with high transmission may consider implementing universal use of NIOSH-approved particulate respirators with N95 filters or higher for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters.

## PERFORM SARS-CoV2 VIRAL TESTING

- Anyone with symptoms – Test immediately
- Close contacts – 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
- Routine screening testing of staff who are asymptomatic – Facility’s discretion
- New admissions – On admission, 48 hours later and then 48 hours later
- If using antigen testing – Best practice is to test 3 times 48 hours apart

## VISITATION GUIDANCE

QSO-20-39-NH CMS REVISED VISITATION GUIDANCE 09.23.2022 <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/nursing-home-visitation-covid-19-revised>

## 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 first 3 rounds of testing come back negative- no additional testing is recommended.
- If the first 3 rounds of testing identify more positives, then increase the frequency of testing to every 3v – 7 days until no new cases are identified for 14 days. 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 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)

- 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>

Please notify Facility of Bureau standards and Southwest District Health before moving to Crisis and Contingency standards.

If you have any questions, please contact

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