SOMERSET WOODS
Rehabilitation and Nursing Center

Department	Policy	Date Issued	Date Reviewed	Date Revised
Nursing	COVID-19	9/24/2020	09/15/2021	03/21/2022
Covid-19 Outbreak Response			Medical Director: Dr. M Ahmad	Date:

Policy:

This guidance is designed to supplement the core measures outlined and outline the facility's response to a new suspected, probable, or confirmed case of COVID19 in facility healthcare personnel (HCP) or a resident, or when a resident has been exposed to COVID19.

• Outbreak response options are presented including a contact tracing approach or a unit-based or facility-wide approach.

• Remove quarantine recommendations for Up-to-Date residents who have had close contact with someone with SARS-CoV-2 infection, in most circumstances. An emphasis remains on testing and source control for these patients for 14 days following exposure.

• Clarification of the recommended intervals for testing asymptomatic residents following exposure to someone with SARS-CoV-2 infection.

1. **KEY DEFINITIONS**

   Close contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period, during their infectious period. The infectious period begins from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection date of the positive test).

   Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, other HCP providing direct care, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting, and all staff.

   Immunocompromised: moderate to severely immunocompromising conditions include, but might not be limited to:

   • Other factors, such as end-stage renal disease, may pose a lower degree of immunocompromise and not clearly affect decisions about need for or duration of Transmission-Based Precautions if the individual had close contact with someone with SARS-CoV-2 infection.

   • The degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

   Up-to-Date: As per CDC, a person is considered Up-to-Date with Covid-19 vaccines after receiving all doses in the primary series and one booster when eligible.

Isolation for residents:

• Use of standard and transmission-based precautions for COVID-19; and Private room with a private bathroom or with another resident with laboratory confirmed COVID-19, preferably in a COVID Care Unit; and Restrict the resident to their room with the door closed.

• If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallways.

Nursing home-onset COVID-19 that originated in the nursing home and does not refer to:
• Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions.
• Residents who were placed into quarantine on admission and developed SARS-CoV-2 infection within 14 days after admission.
• Residents with a known exposure to COVID-19 from a visitor or during an outing who later developed COVID-19 but who were under quarantine for their entire infectious period.
Outbreak: The occurrence of one or more cases of COVID-19:
• New nursing home-onset of COVID-19 in a resident; or
• HCP who was working in the facility while infectious (during the 2 days prior to symptom onset or positive test if asymptomatic).
Source control: Use of well-fitting facemasks or respirators to cover a person's mouth and nose .Facemasks or respirators should not be placed on children under 2 years old, anyone who cannot wear one safely, such as someone who has a disability or anyone who is unconscious, incapacitated, or otherwise unable to remove their facemask or respirator without assistance. Face shields alone are not recommended for source control.
Testing or test: refers to authorized nucleic acid or antigen detection assays that have received an FDA Emergency Use Authorization.
Transmission-based precautions for COVID-19: HCP should wear an N95 respirator, eye protection (i.e., goggles or a face shield), gloves, and gown when caring for these residents.

2. **NEW RESIDENT ADMISSIONS**
   - Residents with confirmed SARS-CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should be placed in isolation in the designated COVID Care Unit, regardless of vaccination status.
   - Residents who meet the criteria as Up-to-Date, or residents within 90 days of a SARS-CoV-2 infection *do not need to be quarantined upon admission or readmission.*
   - All other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission or during their 14-day quarantine.
   - All new and re-admissions shall be antigen tested upon arrival to the facility.
3. **RESIDENTS WHO LEAVE THE FACILITY FOR MEDICAL OR SOCIAL REASONS**
   Residents who leave the facility should be reminded to use source control, physical distancing, and hand hygiene. Individuals accompanying residents should also be educated. Residents going to medical appointments, communication between the medical facility and the nursing home is essential to help identify residents with potential exposures.
   - Quarantine is not recommended for unvaccinated residents who leave the facility for less than 24 hours unless:

   • The resident had close contact with someone with SARS-CoV-2 infection; or
   • Residents who leave the facility for 24 hours or longer should be managed as described in Section 2 above.
4. **RESIDENTS OR HCP WITH SIGNS AND SYMPTOMS OF COVID-19**
   a. Residents:
   • At least daily, take the temperature of all residents and monitor symptoms
   • If signs and symptoms of COVID-19 develop:
   o Perform viral testing; and Implement isolation while results are pending; and
   o Place exposed and unvaccinated roommate(s) under quarantine immediately. Remove roommate quarantine if an alternative diagnosis is identified and viral testing is negative
   o roommate quarantine does not need to be a full 14 days if the resident is determined to not have COVID-19 infection); and
   o Do not place a person with suspected COVID-19 into a COVID Care Unit prior to confirmation of infection by positive test result.

- Clinicians are encouraged to consider testing for influenza, in addition to testing for SARS-CoV-2.

b. HCP

• HCP with signs or symptoms of COVID-19 should be tested and excluded from work pending results. If viral testing results are negative, return to work should be based on the facility's policy. If positive, follow guidance for return-to-work.

5. IDENTIFICATION OF EXPOSURE TO RESIDENTS

For residents, use the definition of a close contact to identify exposures:

• By visitors outside or inside the facility; or

• At outside medical facilities or clinics; or

• During a social outing outside the facility

6. MANAGING RESIDENTS WITH EXPOSURE

Quarantine for residents with exposure is based on their vaccination status.

• Use of standard and transmission-based precautions for COVID-19;

• Maintain source control at all times while around others;

• Test the resident

• Place in a single-person room. If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures, residents should shelter-in-place at their current location while being monitored for evidence of SARS-CoV-2 infection and restrict the resident to their room.

Unvaccinated resident should be placed in quarantine for 14 days after their exposure.

Up-To-Date residents and residents with SARS-CoV-2 infection in the last 90 days **do not** need to be quarantined, restricted to their room, or cared for by HCP using the full PPE unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or are moderately to severely immunocompromised.

Up-To-Date residents who have had close contact with someone with SARS-CoV-2 infection, or have an identified exposure using broad-based methods, should:

• Follow testing guidance in Section 7 for asymptomatic exposed persons; and

• Universal Source control is recommended for 14 days following their higher-risk exposure, then they may default to routine source control recommendations for HCP.

7. TESTING RESIDENTS FOR SARS-COV-2

• Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.

• Asymptomatic residents who have had close contact with someone with SARS-CoV-2 infection, or have an identified exposure, regardless of vaccination status, should have a series of two viral tests.

o If the date of a discrete exposure is known: testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.

o If the date of a discrete exposure is NOT known: testing is recommended immediately and, if negative, again 5–7 days after the first test.

• Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure;

8. RESPONSE TO AN OUTBREAK OF COVID-19

A. A **single new case** of SARS-CoV-2 infection in any resident or HCP should be evaluated as a potential outbreak. Identification of a single new case 14 days after the last known case would meet the criteria for a new outbreak and prompt the need for an outbreak response.

B. **Choosing an outbreak response method**, the facility should carefully consider options to conduct outbreak response:

• Use of contact tracing to identify exposed residents, staff, and visitors; or

• Use of a unit-based approach to identify exposed residents, staff, and visitors; or

• Use of a facility-wide approach to identify exposed residents, staff, and visitors.

The approach to an outbreak response should take into consideration whether the facility has the experience and resources to perform individual contact tracing, the vaccination acceptance rates of staff and residents, whether the index case is a healthcare worker or resident, whether there are other individuals with suspected or confirmed

SARS-CoV-2 infection identified at the same time as the index case, and the extent of potential exposures identified during the evaluation of the index case.
A contact tracing-based initial outbreak response may later need to be expanded, if transmission occurs within a wider range of areas within the facility, or per recommendations made by the local public health department.

C. Response measures for all outbreak response methods:

• Increase monitoring of all residents to **every shift** to rapidly detect those with new symptoms.

• If there is a suspect case, and test results for the suspect case are anticipated to take longer than 2-3 days, begin planning and executing outbreak response .

D. Implementing a contact-tracing based approach to outbreak response:

Perform contact tracing to identify any HCP who have had a higher-risk exposure or residents who may have had close contact:

• All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested immediately (but not earlier than 2 days after the exposure) and 5–7 days after exposure.

o Restriction from work, quarantine, and testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic.

• Residents identified as close contacts should be treated as described in Section 6 according to their vaccination status.

• If testing of close contacts does not reveal additional HCP or residents with SARS-CoV-2 infection, continue to manage residents as outlined in Section 6 for 14 days following exposure. After the initial series of 2 viral tests, ongoing testing is not required if close contacts remain asymptomatic.

• If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.

o A facility-wide or unit-level approach should be implemented if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

o If the outbreak investigation is broadened to a facility-wide approach, follow recommendations below.

E. Implementing a broad-based approach (unit-based or facility-wide)

The unit-based or facility-wide approach may be the best option in certain outbreak situations.

• Identify exposed residents by unit within the following guidelines:

o A resident on the same unit as another resident who was directly cared for any duration of time, by an HCP positive for COVID-19 during the infectious period; or

o A resident on the same unit as another resident who has COVID-19 infection, if the infected resident was not on quarantine, or did not adhere to quarantine measures during their infectious period.

• Perform viral testing for SARS-CoV-2 facility-wide for all residents and HCP, or for a unit-based approach, perform viral testing for:

o All residents considered exposed by unit; and

o All HCP working on the unit(s) during the exposure period, or who are regularly assigned to work on the affected unit(s).

Test regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.

Managing exposed residents and HCP as part of the facility-wide response:

o Residents and HCP with SARS-CoV-2 infection in the **last 90 days** Do not need to be quarantined and Testing is not recommended if they remain asymptomatic.

o **Unvaccinated residents and HCP:**

- Unvaccinated residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95, eye protection gloves and gown.
- They should not participate in group activities.

o **Up-To-Date residents and HCP**:

- Fully vaccinated residents do not need to be restricted to their rooms or cared for by HCP using the full PPE unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the local public health department.
- If additional cases are identified, testing should continue on affected unit(s) or facility-wide every 3-7 days in addition to room restriction and full PPE use for care of unvaccinated residents, until there are no new cases for 14 days.
    - If antigen testing is used, more frequent testing (every 3 days), should be considered.
    - If no additional cases are identified during the broad-based testing, room restriction and full PPE use by HCP caring for unvaccinated residents can be discontinued after 14 days.
    - After the initial series of 2 viral tests, ongoing testing is not required if exposed residents and HCP remain asymptomatic.

Visitation:

• Facilities should follow guidance from CMS QSO-20-39-NH about visitation.
• Visitors should be counseled about their potential exposure in the facility.
• Residents on quarantine or isolation should be limited to compassionate care visits
• During visitation for residents who are not on quarantine or isolation during an outbreak, follow prevention measures wearing well-fitting source control, maintaining physical distancing from others, and not lingering in common spaces.