UTAH DEPARTMENT OF HEALTH

Long-Term Care Rapid Response Recommendations and Resources for a Newly Identified COVID-19 Case

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Background

Discovering a COVID-19 case amongst residents or staff requires swift response to mitigate transmission and the overall impact on a long-term care community. This document is intended to help guide an initial response to an outbreak. Additional guidance can be found on the Utah COVID-19 Long Term Care web page.

Contact Tracing

- Identify staff with a higher-risk exposure to the individual infected with SARS-CoV-2 within 48 hours prior to the case's symptom onset or if, asymptomatic, within 48 hours prior to positive test.
- Identify residents who may have had close contact with the individual with SARS-CoV-2 infection in the 48 hours prior to symptom onset or if, asymptomatic, within 48 hours prior to positive test.
- If a facility is unable to confidently identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area of the facility).

Outbreak Testing

- Please review the Outbreak Response Algorithm to determine whether a targeted or broad based testing approach is more appropriate.
- Molecular (PCR) or POC antigen tests may be utilized for outbreak testing. If antigen testing is used, more frequent testing (every 3 days) should be considered and please consult Considerations for Interpretation of SARS-CoV-2 Antigen Tests Algorithm to guide decisions on follow-up testing.
- Persons within 90 days of a prior SARS-CoV-2 infection should be tested *only* if symptomatic and only with rapid antigen testing.

Targeted Approach:

- If all close contacts can be identified, staff with a higher-risk exposure and residents with close contact to the individual infected with SARS-CoV-2, should be tested.
  - Perform testing immediately (but not earlier than 1 day after the exposure)
    - If negative, test again 5–7 days after the exposure
  - If all close contacts are negative on day 5-7, then no further outbreak testing is needed.
  - If additional cases are identified, repeat contact tracing and test at the same intervals.
- If unable to confidently contact trace or if there is evidence of ongoing transmission in the facility, then implement a broad-based testing strategy outlined below

Broad based approach:

- Perform testing for all residents and staff on the affected unit(s) immediately (but not earlier than 1 day after the exposure).
  - If additional cases are identified, then repeat testing (every 3-7 days) is warranted until no new cases are identified.
  - If all tests are negative, test again 5–7 days after the last exposure
- If no additional cases are found with repeat testing, no further outbreak testing is needed unless symptoms develop.

Managing Staff with COVID-19 or following a Higher-Risk Exposure

- All staff who **test positive for COVID-19** should be excluded from work until they meet CDC criteria to return to work.
- Following a higher risk exposure, HCP who are *not* up to date on vaccination or within 90 days of a previous SARS-CoV-2 infection, should quarantine. These individuals may return to work after seven days with a negative test (within 48 hours of returning to work). Without testing, these HCP should be excluded from work for a full 10 days.

    - Staff who are up-to-date with all recommended COVID-19 vaccine doses may continue to work however, should be tested immediately after exposure and between days 5-7 following the exposure *and* closely monitored for symptom onset.
- Please refer to Managing Healthcare Personnel in the context of COVID-19 for additional information on work restrictions following COVID-19 infection or exposure to SARS-CoV-2.

Managing Residents with COVID-19 or following close contact

- All residents who **test positive for COVID-19**, or suspected to have COVID-19, should be placed on contact/droplet precautions in a private room (with private bathroom), regardless of vaccination status.
    - If there are multiple residents infected with confirmed COVID-19, consider establishing an isolation unit to cohort these residents or transfer to a long-term care facility with a COVID-19 unit.
- Following close contact with someone with SARS-CoV-2 infection,
    - Residents who are NOT up to date on vaccination, should be placed in quarantine with a private bathroom.
        - These individuals may leave quarantine on day 7 with a negative test (on day 5-7).
        - Without testing, these residents should continue to quarantine for 10 full days.
    - Residents who are up to date on vaccination or within 90 days of infection do not need to quarantine if they remain asymptomatic. These individuals should wear a surgical mask when outside their room and be tested for COVID-19 as described above.

Personal Protective Equipment (PPE)

- All staff should wear eye protection in addition to masks when in resident care and common areas.
- Staff caring for residents in quarantine, isolation, or during an aerosol-generating procedure should wear eye protection, fit-tested N95 respirator, gown, and gloves.
- Please review the PPE Requirements for Long-Term Care Facility staff.
- If PPE supplies are limited:
    - Contact your Local Health Department PPE contact for additional PPE supplies.
    - Review the PPE Optimization Chart to maximize utilization of PPE.

Symptom Monitoring

- During outbreak, monitor staff and residents closely for signs and symptoms of COVID-19, regardless of vaccination status.
- Isolate and test residents immediately if they show signs and symptoms of COVID-19.
- Exclude from work and test HCP immediately if they show signs and symptoms of COVID-19.
    - Note that antigen testing may not identify early infections. Please use the Interpretation of SARS-CoV-2 Antigen Tests Algorithm to evaluate whether additional testing is needed.

Therapeutics

- Work with clinical providers and pharmacy partners to acquire monoclonal antibody treatment or antiviral therapy for symptomatic residents.
- Discuss with your medical director standing orders for providing COVID-19 treatment to residents.

- Share the Monoclonal Antibody Therapy Frequently Asked Questions document and the Oral Antiviral Therapy Frequently Asked Questions document to residents and their families/POAs.

Communal Dining and Group Activities

- Communal dining and group activities should only continue for residents who do not meet criteria for quarantine or isolation and are asymptomatic. All activities should be conducted with well-fitted face masks and physical distancing for all participants. When transmission is widespread within the facility, consider a temporary pause on group activities.

Disinfection

- Schedule regular cleaning and disinfection of frequently touched surfaces and objects and in between use of shared equipment using EPA registered List N disinfectants for COVID-19.

Communication and Documentation

- Notify residents, resident families/guardians, visitors, and new admissions of the outbreak status at the facility and of the quarantine of any exposed residents.
- Document, internally, all testing and mitigation measures taken.

Visitation

- Review UDOH guidance for visitors and leave of absences for long-term care facilities on how to safely allow visitation for residents during a COVID-19 outbreak.

Admissions during a COVID-19 outbreak

- Formulate a plan to admit residents during a COVID-19 outbreak including:
  - Identify a dedicated area and staff for new admissions.
  - If a dedicated area and staff cannot be implemented, then identify rooms for new admissions in areas without a COVID-19 exposure.
  - If there are no areas without exposure, consider holding off on admitting residents until a negative round of testing has been completed 7 days after the last identified case.
- All new admissions who are not up to date on vaccination should be quarantined for seven days (with a negative antigen test on day 6 or 7) or ten days without testing.

Definitions

Higher Risk Exposure: occurs when the healthcare worker had prolonged close contact with someone with confirmed COVID-19 and any of the following:

- HCP was not wearing a respirator (N95) or eye protection and the person with SARS-CoV-2 infection was also not wearing a face mask;
- HCP was not wearing all recommended personal protective equipment (gown, gloves, eye protection, respirator) while performing an aerosol generating procedure.

Mild to Moderate Illness: Individuals who have any of the various signs and symptoms of COVID-19 infection (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging. Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Close Contact: A cumulative time period of 15 minutes or more in a 24-hour period within six feet of a person with confirmed COVID-19 infection or any unprotected direct contact with infectious secretions or excretions. Any duration should be considered prolonged if exposure occurred during an aerosol-generating procedure.

Severe to Critical Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%. Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Individuals who suffer from conditions, such as chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunodeficiency and require actions such as lengthening the duration of healthcare personnel work restrictions.

Up to date on vaccination: means a person has received all recommended doses in their primary series COVID-19 vaccine, and a booster dose when eligible.

References

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force