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## Long-Term Care Facility Rapid Response Recommendations and Resources

### Recommendations and Resources for a newly identified COVID-19 case among staff or residents

- **Perform Contact Tracing**
  - Identify any staff who had a **\*higher-risk exposure** to the individual infected with SARS-CoV-2 beginning 2 days prior to symptoms onset or if, asymptomatic, then 2 days prior to date of collection for the positive test and onward.
  - Identify residents who may have had **\*\*close contact** with the individual with SARS-CoV-2 infection.
  - If a facility is unable to confidently identify all close contacts, then they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility).<sup>2</sup>
  
- **Outbreak Testing**
  - Targeted Approach<sup>2</sup>:
    - Perform contact tracing to identify any staff who have had a **\*higher-risk exposure** or residents who may have had close contact with the individual with SARS-CoV-2 infection.”
    - Staff with a **\*higher-risk exposure** and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. Perform testing immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. If all close contacts are negative on day 5-7, then no further outbreak testing is needed and continue to monitor staff and residents closely for signs and symptoms of COVID-19 for the remainder of the 14-period following the last SARS-CoV-2 exposure.
    - If additional cases are identified within that 14-day period, then repeat contact tracing, if possible, and testing at the same intervals. If unable to confidently contact trace or evidence of ongoing transmission in the facility, then implement a broad-based testing strategy outlined below.
  - Broad based approach<sup>2</sup>:

- 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(s) of the facility).
  - Perform testing for all residents and staff on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
  - 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 a *symptomatic* person tests negative on POC antigen test, then perform a PCR test to confirm infection status and continue to isolate the resident or exclude the staff member from work, per [SARS-CoV-2 Testing in Long-term Care Facilities Algorithm](#).
- If an *asymptomatic* person tests positive on a POC antigen test, then perform a PCR test to confirm infection status and continue to isolate the resident or exclude the staff member from work, per [SARS-CoV-2 Testing in Long-term Care Facilities Algorithm](#).
- Please review the [Outbreak Response Algorithm](#) to assist with determining outbreak testing.
- Managing Staff with COVID-19 or following a **\*Higher-Risk Exposure**
  - Exclude staff from work who test positive for COVID-19 until they meet [CDC criteria](#) to come off isolation.
  - Exclude unvaccinated staff with **\*higher-risk exposure** with someone infected with COVID-19 for 14 days from the last day of exposure to quarantine. Unvaccinated staff who are COVID-19 recovered in the last 90 days may continue to work following a higher-risk exposure as long as they remain asymptomatic. [Healthcare Worker Exposure Risk Assessment](#) for unvaccinated staff or vaccinated immunocompromised staff.
  - Fully vaccinated staff may continue to work following a **\*higher-risk exposure**, exceptions may include immunocompromised staff who are fully vaccinated.
  - Facilities experiencing workforce shortages may follow the UDOH Guidance for [Mitigating Staffing Shortages in LTCFs](#) to allow unvaccinated healthcare workers who have experienced a higher risk exposure to COVID-19 to continue working when there are no longer enough staff to provide safe resident care.
- Managing Residents with COVID-19 or following a **\*\*close contact**:
  - Isolate any residents with confirmed COVID-19 or suspected to have COVID-19 and place them on contact/droplet precautions in a private room with private bathroom, regardless of their

vaccination status. If there are multiple residents infected with confirmed COVID-19, then consider [establishing an isolation unit](#) to cohort these residents or transfer to a long-term care facility with a COVID-19 unit.

- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection.
- Should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. Staff caring for them should use full PPE (gowns, gloves, eye protection, and fit-tested N95 or higher-level respirator). They should not participate in group activities and communal dining.
- Fully vaccinated residents who have had close contact with someone infected with SARS-CoV-2 infection should wear source control and be tested as described in the testing section.
  - Fully vaccinated 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 recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection. Quarantine may be considered for immunocompromised residents who are fully vaccinated.
- Personal Protective Equipment (PPE):
  - Have all staff wear eye protection (face shield or goggles) in addition to their masks while in resident areas.
  - Staff caring for residents in quarantine, isolation, or during an aerosol-generating procedure for any resident should wear eye protection, fit-tested N95 mask or higher-level respirator, gown, and gloves. For more information, 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](#).
- Symptom Monitoring
  - 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, regardless of their vaccination status.
  - Test and exclude any staff from work immediately if they show signs and symptoms of COVID-19, regardless of their vaccination status.
- Novel COVID-19 Monoclonal Antibody Therapy

- Long-term care residents may be eligible for Monoclonal Antibody Therapy regardless of risk scoring if they have not been hospitalized, no new increased oxygen needs, and are within 7 days of symptom onset. For more information on eligibility and where to receive this therapy can be found [here](#).
- Communal Dining and Group Activities
  - Consider halting communal dining and group activities. If dining/activities must continue, then it should only continue for uninfected residents and be conducted using masking and physical distancing for all participants, regardless of vaccination status. Residents on quarantine, residents with symptoms, and unvaccinated residents who are included in broad testing should be excluded from communal dining/activities.
- Disinfection
  - Schedule regular cleaning and disinfection frequently touched surfaces and objects and in between use of shared equipment using [EPA registered List N disinfectants](#) for COVID-19.
- Communication with Residents, Families, Visitors, New Admissions, and Ombudsman
  - Notify residents, resident families/guardians, visitors, and new admissions of the outbreak status at the facility, any indoor visitation suspensions, and quarantine of any exposed residents or affected areas.
  - Notify the Ombudsman project at [sltcop@utah.gov](mailto:sltcop@utah.gov).
- Admissions during a COVID-19 outbreak
  - Start thinking of a safe 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 unaffected or areas without a COVID-19 exposure.
    - If there are no unaffected or areas without a COVID-19 exposure, then consider holding off unvaccinated resident admissions until a negative round of testing for all staff and residents have been completed 7 days after the last identified case.
    - Notify all new admissions of the COVID-19 outbreak, that they may be quarantined upon admission, and that indoor visitation may be suspended, except for compassionate care visitation.
  - Then reach out to your HAI consultant to discuss the facility's admission plan. If you do not have a HAI consultant, then email [HAI@utah.gov](mailto:HAI@utah.gov).

***\*“Higher-risk exposure” refers to a staff member exposed to someone infected with SARS-CoV-2 while a) not wearing a mask, b) not wearing eye protection if the person infected with SARS-CoV-2 was not wearing a***

*mask, or c) not wearing all PPE (N95 mask or respirator, eye protection, gown and gloves) while performing an aerosol-generating procedure.<sup>1</sup>*

*\*\*“Close contact” refers to someone who has a) been within 6 feet of a person infected with SARS-CoV-2 for a cumulative total of 15 minutes or more over a 24-hour period or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection.<sup>1</sup>*

## References

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

## Additional Resources

- [UDOH LTC facility COVID-19 Guidance Website](#)
- [CDC Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Long-term care facilities](#)

## COVID-19 Vaccination Resources

- Reduce burden on your staff to take time and travel for vaccination by
  - Have your facility become a [COVID-19 vaccine provider](#) and administer the vaccine at your facility.
  - Request [pharmacy partners](#) to come to your facility to vaccinate staff and residents.
  - Many COVID-19 vaccination sites do not require an appointment. [Find a vaccination location](#) near your facility and take your residents and staff during their work hours to get vaccinated.

## Mental Health Resources

- Review available [mental health](#) resources for residents, staff, and others.

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