

When You Have a Positive
Resident

Unchanged CDC/CMS Guidance

- Admissions
- Visitation
- Leave of Absence
- Testing
- Communal Dining & Activities
- Staff Gatherings

Outbreak Testing

- Definition: Because of the high risk of unrecognized infection among residents, a single new case in any HCP or a single SNF-onset case in a resident should be evaluated as a potential outbreak.
- Implement facility-wide testing.
- Continue to test all previously negative residents and HCP, generally every 3 days to 7 days, until no new cases identified for at least 14 days since most recent positive result.
- Incubation period can be up to 14 days, so a new case within that period after starting interventions to control transmission does not necessarily represent failure.

IPC Guidance for Outbreaks

- Use full PPE for care throughout building.
- Residents should generally be restricted to their rooms, except for visitation when permitted.
- Consider halting social activities and communal dining; if these activities must continue for uninfected residents, use source control and distancing for all participants.
- Restrict non-essential HCP from areas affected by outbreak; consider telehealth to offer remote access to healthcare.
- Above recommended precautions should be continued for residents until no new cases are identified for at least 14 days.

Residents/HCP within 3 Months of Prior Infection

- Asymptomatic residents who have recovered and are within 3 months of positive test may not need to be quarantined or tested following re-exposure.
- There might be clinical scenarios in which providers could consider testing, such as:
 - Underlying immunocompromising conditions or new immune compromise.
 - Initial diagnosis might have been based on false positive.
 - Exposure to a [novel SARS-CoV-2 variant](#).

COVID-19 Unit

- Determine location of unit and create staffing plan before positive residents or HCP are identified.
- Facilities with existing resident cases should create unit unless proportion of residents with COVID-19 makes this impossible.
- Ideally, unit should be physically separate from other rooms or units.
- Could be dedicated floor, unit, or wing or group of rooms at the end of a unit.
- Place residents in a COVID-19 unit **only if confirmed positive**. Placing potential cases in a dedicated COVID-19 unit could put them at higher risk of exposure.

Operation of Unit

- Identify HCP assigned to work only on the COVID-19 unit, at a minimum including primary STNAs and nurses.
- If possible, HCP should not work both the COVID-19 unit and other units during same shift.
- To extent possible, restrict access of ancillary personnel (e.g., dietary).
 - To the extent possible, environmental staff should avoid working both COVID-19 unit and other units during same shift.
 - To the extent possible, HCP (e.g., STNAs and nurses) clean and disinfect high-touch surfaces and shared equipment when in the room.
- Use full PPE when caring for COVID-19 patients.
- Provide separate restroom, break room, and work area for HCP on unit.
- Practice source control and distancing in break room and other common areas.
- Ensure high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift).

Outbreak & Visitation

- When a new case of COVID-19 (outbreak) is identified:
 - Immediately begin outbreak testing.
 - Suspend all visitation (except that required under federal disability rights law) until at least one round of facility-wide testing is completed
- Resume visitation based on the following criteria:
 - If first round of outbreak testing reveals no cases in other areas (e.g., units), visitation can resume for residents in areas/units with no cases.
 - Suspend visitation on affected unit until facility meets criteria to discontinue outbreak testing.
 - If first round of outbreak testing reveals more cases in same unit as original case, but not other units, visitation can resume for residents in areas/units with no cases.
 - If first round of outbreak testing reveals additional cases in other areas/units, suspend visitation for all residents (vaccinated and unvaccinated) until facility meets criteria to discontinue outbreak testing
- Counsel visitors about potential to be exposed when permitted to visit.

Quarantining Suspected Cases & Exposures

- Roommates of positive residents should be considered potentially infected.
- If at all possible, they should not share rooms with other residents for 14 days following the date their roommate was moved to the COVID-19 unit.
- Quarantine fully vaccinated residents following prolonged close contact.
- Although not preferred, could consider waiving quarantine if:
 - Resident is fully vaccinated but has prolonged close contact.
 - Necessary to address critical issues (e.g., lack of space, staff, or PPE).
 - Consult with public health officials and infection control experts.
- Residents can be transferred out of quarantine if they remain with no fever and without symptoms for 14 days.