**BACKGROUND**

SARS-CoV-2, commonly known as COVID-19, is primarily a viral respiratory infection. It is most commonly spread between people who are in close proximity of each other (within 6 feet). It spreads through respiratory droplets or small particles produced when an infected person coughs, sneezes, sings, talks or breathes. These particles can be inhaled into the nose and mouth, and eventually into the lungs, causing an infection. Droplets can also land on surfaces and inanimate objects and spread when dirty hands touch the eyes, nose and mouth. The incubation period is between 2-14 days. Symptoms of the virus include fever, cough, shortness of breath, severe lower respiratory infection/acute respiratory distress syndrome and may also include nasal congestion, sore throat, diarrhea, and nausea. The potential for more serious illness among older adults, coupled with the more closed, communal nature of the nursing home environment, represents a risk of outbreak and a substantial challenge for nursing homes.

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH), to include identification and isolation of any suspected and confirmed cases. Staff will be informed of any changes during change of shift huddle, and as often as necessary.

**DEFINITIONS**

**Mild Illness**: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness**: 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.

**Severe 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%.

**Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Severely Immunocompromised**:

• Being on 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, or

• Receipt of prednisone >20 mg/day for > 14 days.

**Prolonged Close Contact**: a cumulative time period of ≥15 minutes during a 24-hour period.

**Fully Vaccinated:** ≥2 weeks following receipt of the 2nd dose in a 2-dose series, or ≥2 weeks following receipt of 1 dose of a single-dose vaccine

**Up to Date:** a person has received **all** recommended Covid-19 vaccines, including any booster dose(s) when eligible.

**Community Transmission**: refers to measures of the presence and spread of SARS-CoV-2.

**PROCEDURE**

**GENERAL/CORE PRINCIPLES OF COVID-19 PREVENTION**

* The facility will provide education to staff to address:
	+ Staying home from work when sick
	+ Identifying signs/symptoms of Covid-19 in resident and reporting same to appropriate personnel
	+ Reviewing standard and transmission-based precautions; review appropriate identifiers (e.g. signage)
	+ Reviewing appropriate use of personal protective equipment (donning and doffing)
	+ Hand hygiene
	+ Reviewing respiratory etiquette
* The facility will provide education to visitors by the following means:
	+ Posting visual alerts (e.g. signs and posters) at entrances and in strategic places (e.g. lobby, elevators, cafeterias, that include instructions about current infection prevention and control recommendations (e.g. when to use source control and perform hand hygiene)
	+ Posting visual alerts of recommended actions (e.g. stay home of sick) to prevent transmission to others if the have any of the following:
		- A positive viral test for SARS-CoV-2
		- Symptoms of Covid-19, or
		- A close contact with someone with SARS-CoV-2 infection
* The facility will actively screen staff and visitors for symptoms of Covid-19
* The facility will reinforce cleaning and disinfection procedures to include:
* Cleaning/disinfecting multiple-use equipment in between use for each resident (e.g blood pressure cuffs, glucometer, etc)
* Increasing cleaning and disinfection of high-touch surfaces (both inside and outside of resident care areas)
* Review of regular vs terminal cleaning of rooms
* Review of contact times for products used for disinfection
* Review of reprocessing of PPEs

**MONITORING AND EVALUATION OF FACILITY RESIDENTS**:

* Actively monitor all residents upon admission and at least daily for fever (>2 temperatures >99°), chills, body aches, cough, difficulty breathing, shortness of breath, poor oxygenation, nausea, diarrhea, loss of taste, loss of smell. Ideally, include an assessment of oxygen saturation via pulse oximetry.
* Ask residents to immediately report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.
* Identification, early work-up, including testing as indicated, and treatment will be initiated by clinical staff for all residents with suspected or confirmed COVID-19
* Remind residents to wear a face mask, as tolerated, when not in their room for source control

**MANAGEMENT OF NEW and RE-ADMISSIONS and RESIDENTS OOP <24 HOURS**

* Empiric transmission-based precautions is not necessary for new or re-admission or residents who leave the facility for <24 hours (e.g., for medical appointments, community outings), ***unless***
	+ Patient/resident is unable to be tested or wear source control for the 10 days following new or re-admission
	+ Patient/resident is moderately to severely immunocompromised
	+ Patient/resident is resident is resident on a unit with others who are moderately to severely immunocompromised
	+ Patient/resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions
* Test patient/resident at admission or re-admission, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test if the facility’s county transmission level is high.
* Patients/Residents who leave the facility for longer than 24 hours will be managed as an admission.

**MANAGEMENT OF RESIDENTS WITH KNOWN COVID-19 INFECTION**

* Place resident in designated Covid-positive cohort area (dedicated rooms, wing, or entire Unit).
	+ Ideally, residents should be placed 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 or symptoms concerning for Covid-19, residents should remain in their current location.
	+ The door should be kept closed if safe to do so.
	+ Ideally, the resident should have a dedicated bathroom.
* Initiate contact and droplet precautions and place signage by room door to reflect same
* Staff to utilize full PPEs (gown, fit-tested N95 mask, eye protection, and gloves) when entering room
* Dedicated or disposable patient care equipment will be utilized when feasible.
	+ Shared equipment will be cleaned and disinfected using an appropriate EPA-registered disinfectant
* Monitor resident for worsening/change in condition.
	+ Document assessment of symptoms, vital signs, and oxygen saturation via pulse oximetry at least Q shift to quickly identify residents who require transfer to a higher level of care
* Encourage residents to wear face mask (as tolerated) for source control until symptoms resolve or, for those who never developed symptoms, until the meet the criteria to end isolation.
* Limit transport and movement of the patient/resident outside of the room to medically essential purposes.

**MANAGEMENT OF RESIDENTS SUSPECTED OF COVID-19 INFECTION OR WITH CLOSE-CONTACT EXPOSURE**

* Place resident 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 or symptoms concerning for Covid-19, residents should remain in their current location.
	+ The door should be kept closed if safe to do so.
	+ Ideally, the resident should have a dedicated bathroom
* If **symptomatic**:
	+ Initiate empiric transmission-based precautions (TBP)
	+ Perform viral tests for Covid-19
		- If using NAAT or PCR test, a single negative test is sufficient. If a higher level of clinical suspicion exists, confirm with a second NAAT or PCR
		- If using an antigen (rapid) test, a negative result should be confirmed by either a negative NAAT/PCR test or second antigen test taken 48 hours after the first negative test.
* If **asymptomatic**:
	+ Empiric use of TBP is not necessary while being evaluated for SARS-CoV-2 following close contact with someone with SAR-CoV-2 infection, ***unless***
		- Patient/resident is unable to be tested or wear source control as recommended for the 10 days following their exposure
		- Patient/resident is moderately to severely immunocompromised
		- Patient/resident is resident is resident on a unit with others who are moderately to severely immunocompromised
		- Patient/resident is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
	+ Perform a series of 3 viral tests for Covid-19
		- Test immediately (but not earlier than 24 hours after the exposure), on day 3 if previous test negative, and on day 5 after the 2nd negative test
	+ Encourage patients/ residents to wear face mask, as tolerated, for source control
	+ Conduct medical work-up, per MD’s orders, for suspected/exposed resident to rule out other potential causes of symptoms (e.g. UTI, dehydration, sepsis)

**DURATION OF TBP FOR RESIDENTS WITH COVID-19 INFFECTION**

* Transmission based precautions are influenced by severity of symptoms and presence of immunocompromising conditions.
* In general, patients/residents who are hospitalized for Covid-19 infection will be maintained on TBP for the time period described for patients with severe to critical illness.
* Facility may use symptom-based or test-based strategy to discontinue TBPs
	+ **Symptom-based strategy**:
		- Patients with **mild to moderate illness** who are ***not* moderately to severely immunocompromised**:
			* At least 10 days have passed *since symptoms first appeared* **and**
			* A 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 the 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**
		- A 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
	+ **Test-based strategy**
		- Patients/residents who are **symptomatic**
			* Resolution of fever without the use of fever-reducing medications **and**
			* Symptoms (e.g., cough, shortness of breath) have improved, **and**
			* Results are negative from at least 2 consecutive respiratory specimens collected 48 hours apart using an antigen or molecular test
		- Patients/residents who are asymptomatic
			* Results are negative from at least 2 consecutive respiratory specimens collected 48 hours apart using an antigen or molecular test
* Patients/residents who are **moderately to severely immunocompromised**:
	+ Use of a test-based strategy and, if available, consultation with an infectious disease specialist to determine when TBP can be discontinued for these residents.
* If symptoms recur (e.g. rebound), patients/residents will be placed back into isolation until they again meet the symptom-based criteria to discontinue TBP.

**TESTING and REPORTING**

* A single case of Covid-19 is considered an outbreak. In the event of an outbreak, the facility will conduct testing in accordance with CMS QSO-20-38-NH (Rev 9/26/2022) and NYSDOH DAL 3/25/2022 (*refer to specific Testing P/P*)
	+ When testing is initiated due to potential/known close contact or higher-risk exposure, test all exposed residents on day 1, day 3 and day 5.
		- If all results are negative during any round of testing, no further action is necessary.
		- If results indicate any positive cases during any round of testing, initiate outbreak testing every 3-7 days x14 days until there are no new positives.
		- If using antigen tests, may consider testing every 3 days.
	+ Testing is not required for residents and staff who are asymptomatic and have recovered from Covid-19 infection within the prior 30 days. Testing will be considered for those who have recovered in the prior 31-90 days.
		- Use an antigen test instead of a molecular test.
* Point of Care Antigen testing performed at the facility will be reported to NYSDOH ECLRS as directed by NYSDOH by 1:00PM of the day following receipt of the results
	+ Facility will **report all positive Covid-19 antigen tests**; reporting for negative and inconclusive tests are no longer required (DOH 4/1/2022)
* All staff and residents testing positive shall be documented on respective line lists and the results will be reported on all required submissions to the CDC via NHSN (at least weekly) and NYSDOH via HERDS (daily reporting Mon through Friday)
* Currently NHSN does not require reporting **individual** POC tests but requires a cumulative number via the Covid-19 Pathway Report.
* Visitors are required to have a negative SARS-CoV-2 test result within one day prior to visitation for antigen tests and within two days prior to visitation for PCR tests.
	+ Visitors may continue to use either PCR testing or antigen testing.
	+ Facility cannot deny visitor the right to visit if they do not have a Covid-negative test. Consider designated visitation area for visit to take place.

**COMMUNAL ACTIVITIES, DINING and RESIDENT OUTINGS**

* Communal activities and dining will occur while adhering to the core principles of Covid-19 infection prevention.
* Residents will be encouraged to wear a face mask, as tolerated, for source control while in communal areas of the facility.

**REFERENCES**:

CDC (2007). *Guideline for Isolation precautions: Preventing Transmission of Infectious Agents in healthcare Settings*: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html>

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NYSDOH (4/1/2022). Health Advisory: Update Reporting Requirements for Laboratory Results for SARS-CoV-2. <https://www.wadsworth.org/sites/default/files/WebDoc/Revised%20SARS-CoV-2%20Reporting%20Requirements%20CLEP.pdf>

CDC (9/23/2022). Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CMS (Rev 9/26/2022). QSO-20-38-NH: Interim Final Rule (IFR), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to Covid-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements. <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

CMS (Rev 9/26/2022). QSO-20-39-NH. Nursing Home Visitation – Covid-19. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

NYSDOH (10/13/2022). Health Advisory: Nursing Home Testing, Cohorting and Visitation Guidance. [https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Health\_Advisory\_\_Nursing\_Home\_Testing,\_Cohorting\_and\_Visita\_1665772061063\_0.pdf](https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Health_Advisory__Nursing_Home_Testing%2C_Cohorting_and_Visita_1665772061063_0.pdf)

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