**BACKGROUND**

SARS-CoV-2, commonly known as COVID-19, is primarily a viral respiratory infection. It is most 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.

**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.

**PROCEDURE**

1. Identify and assess for Coronavirus Disease by assessing for symptoms associated with Covid - temp ≥99°F, chills, body aches, cough, difficulty breathing, shortness of breath, poor oxygenation, nausea, diarrhea, loss of taste, loss of smell. **Daily screening for residents must include temperature and pulse oximetry checks.**
2. 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
3. Residents who are confirmed or suspected of COVID-19 will have the signage on the door indicating Droplet and Contact precautions. Isolation cart containing PPEs and alcohol-based hand sanitizer (ABHS) will be placed outside of room.
4. All new admissions and readmissions will have a review of hospital information prior to admission/readmission to determine if adequate infection prevention and treatment needs can be met at the facility.
5. Any admission with a Dx of Covid-19 that has not been hospitalized to complete the required time period to discontinue TBPs and has a negative Covid test will be placed in a geographically isolated room, near the positive cohort as a “recovering or negative annex,” distinct from the Observation area. Admissions that are Covid + and do not have a negative test and have not completed the required isolation period will be placed in the Covid-positive cohort. After completion of isolation period (day 1 = collection date of most recent positive test result), they will be placed in the Covid Negative Cohort area (*refer to P/P – discontinuation of TBPs*)
6. The facility will establish Covid Cohorts: Positive, Negative, Unknown, Observation
* A baseline Covid test is required to determine whether residents are Covid positive or Covid negative. Those who refuse testing are considered “unknown”
1. The facility will create Covid Cohort Areas/Units: Positive, Negative, Unknown, Observation
	1. **Positive Cohort Area/Unit: Residents with a Positive Covid Test**
* This may be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID- 19.
* May place two residents who test positive for Covid in the same room
* Initiate TBPs (contact and droplet)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
* In order to discontinue TBPs and transfer resident to a Covid Negative area/unit, may utilize the symptom-based strategy (recommended) ORthe test-based strategy (refer to P & P for Discontinuation of TBPs).
	1. **Negative Areas/Units: Residents who have a confirmed Negative Test**
* Residents on this unit have had a negative baseline Covid test or have met the criteria for discontinuation of TBPs, and have no symptoms of Covid-19.
	+ - Caregivers on this unit are required to utilize universal source control
	1. **Unknown Areas/Units: Unknown Covid Status**
* Residents in this cohort group do not have a confirmed Covid positive or negative test and are asymptomatic (e.g., resident refused testing)
* Place in private room on unit
* Initiate TBPs (contact and droplet) for a minimum of 10 days from the date of last exposure
	+ Symptomatic residents should remain in the unknown cohort until they meet the symptom-based criteria to discontinue TBPs.
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident(s)
* May use symptom-based strategy (DOH 5/3/2021) to remove from this cohort
	1. **Observation Areas/Units: Residents re-admitted/newly admitted**
* Newly admitted or re-admitted residents, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection: immediately, and if negative, again 5-7 days after their admission.
* Residents who are re-admitted or newly admitted and are not *up to date* with all recommended Covid-19 vaccines or have not recovered form SARS-CoV-2 infection in the prior 90 days will be placed on quarantine x 10 days
* Residents can be removed from quarantine after Day 7 if a viral test is negative for SARS-COV-2 and they do not have symptoms. The specimen should be collected and tested within 48 hours before TBPs are discontinued
* Requires TBPs (contact and droplet)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with all residents on unit
1. When there is a resident who is suspected of having Covid-19, the facility will:
* Keep resident in their room on the same unit where they live
* If there is a roommate, place roommate in a single/private room when possible
* Initiate transmission-based precautions (TBPs): contact and droplet for resident (and roommate)
* Staff to utilize all PPEs (i.e. N95 mask, gown, goggles/face shield, and gloves) when interacting with resident (and roommate)
* Covid swab to be done for resident (and roommate)
* If positive result, transfer to Covid positive cohort area/unit
* Other viral testing as relevant (e.g. influenza, RSV, parainfluenza) to be done for resident (and roommate)
* Work-up to rule out other potential causes of symptoms (e.g. UTI, dehydration, sepsis) to be done for resident (per doctor’s orders)
* Monitor vital signs every shift (BP, Pulse, RR, Temp, O₂ Sat)
1. The facility will utilize the following strategies for managing residents and/or roommates with close contact exposure to a Covid-positive individual:
	* Residents who are **not** up to date with all recommended Covid vaccines and have had close contact with someone with SARS-CoV-2 infection will be placed on TBPs after their exposure, even if viral testing is negative. HCP caring for them will use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
		+ - Residents can be removed from TBPs after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
			- Residents not tested can be removed from TBPs after day 10 following the exposure (day 0) if they do not develop symptoms
	* Residents **who are up to date** with all recommended Covid-19 vaccines 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, or the facility is directed to do so by NYS local epidemiology
* These residents will have a series of two viral tests for SARS-CoV-2 infection. Testing will be done immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
1. If an individual (resident or staff) tests positive for Covid on a Unit(s), all residents who are **not up to date** and have been exposed will be placed on TBPs. Facility IP/Designee will contact local epidemiology for further guidance as needed.
	* Residents can be removed from TBPs after day 10 following the exposure (day 0) if they do not develop symptoms.
	* Alternatively, residents can be removed from TBPs after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions
* Encourage residents to wear a face cover or mask as tolerated (residents living with Dementia may not be able to comply with mask use).
1. 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 3/10/2022) and NYSDOH DAL 3/25/2022 (*refer to specific Testing P/P*)
	* Residents and staff who have recovered from Covid-19 and are asymptomatic do not need to be retested for Covid-19 within 3 months after symptom onset unless there is uncertainty about infection date or immune status and if suspicion and exposure to variant strains is suspected.
2. The facility will take action to minimize chances for exposure to Covid-19 by:
* Conducting Covid and thermal screening for staff and all others at reception desk (before entering resident care areas). If found to be symptomatic upon screening, instruct individual to go home, self-isolate and contact their primary care physician.
* Staff will be required to complete Covid screening at start of first shift and every 12 hours if indicated.
* Utilizing face mask and eye protection as universal source control, as indicated
* Encouraging residents and staff to maintain social distancing
* For residents who leave the facility for medically necessary doctor’s appointments, including chemotherapy and dialysis, as well as out on pass, monitor vital signs and general condition before leaving and upon return to facility. Open line of communication will be kept with receiving facilities
1. Residents who leave the facility for out on pass visits/outings will be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene (**see specific OOP P/P**)
* Quarantine will not be implemented for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
* Residents who leave the facility for >24 hours will be managed in general as New and Re-admissions (see #7d).
1. Employees who have had a high-risk exposure and are up to date with all recommended Covid 19 vaccinations and are **asymptomatic** do not require work restriction ( See PP Return to Work).
	* Testing for Covid dependent upon facility’s staffing level (i.e., crisis, contingency, or conventional)
	* Symptoms check twice daily
	* Wear N95 mask and eye protection for all resident interactions
2. The facility will maintain an up-to-date list of all Covid-vaccinated residents and staff
3. 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
1. 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
1. The facility will maintain an open line of communication with residents and/or healthcare representatives:
* Healthcare representatives will be updated of any change in condition of their loved ones
* Arrangements will be made to keep an open line of communication between residents and their families (e.g. via phone calls or video calls).
* Advanced directives will be revisited and reviewed; will be changed in accordance to wishes.
* Residents and healthcare representatives will be provided via facility’s website and auto hotline messaging with updated information regarding confirmed cases of Covid-19, as well as any confirmed Covid-19 deaths, within 24 hours while protecting personal health information.

**REFERENCES**:

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

CDC (1/30/2020): Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

CMS (8/26/2020). Ref: QSO-20-38-NH. Interim Final Rule, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool.

NYSDOH (3/13/2020). Health Advisory: Covid-19 Cases in Nursing Homes and Adult Care Facilities

NYSDOH (4/19/2020). Health Advisory: Discontinuation of Isolation for Patients with Covid-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents

NYSDOH (5/13/2020). Health Advisory: Nursing Home Cohorting FAQs.

NYSDOH (11/3/2020). Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel.

NYSDOH (1/7/2021). UPDATE to Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure

NYSDOH DAL (1/7/2021). Nursing Home Staff Testing Requirements

NYSDOH (3/10/2021). UPDATE to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure – Including Quarantine and Furlough Requirements for Different Healthcare Settings.

NYSDOH (4/1/2021). UPDATE to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure – Including Quarantine and Furlough Requirements for Different Healthcare Settings.

CDC (Update 3/10/2021). Updated Healthcare Infection Prevention and Control Recommendations in Response to Covid-19 Vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CDC (Updated 3/29/2021). Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC (Updated 4/2/2021). Interim Public Health Recommendations for Fully Vaccinated People. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

NYSDOH (4/10/2021). Updated Interim Guidance for Travelers Arriving in New York State (NYS)

NYSDOH (5/3/2021). Health Advisory: Discontinuation of TBPs for Patients with Covid-19 Who are Hospitalized or in Nursing Homes… Retrieved from <https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/hpnSrc/C1849138447D6CA4E0530547A8C0BC81.pdf>

NYSDOH (6/10/2021). Nursing Home Covid-19 Testing Requirements <https://coronavirus.health.ny.gov/system/files/documents/2021/06/nh_covid-19_testing_requirements_6102021.pdf>

NYSDOH (8/6/2021 Revised Advisory Nursing Home Cohorting FAQs <https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/DOH_COVID19_NursingHomeCohortingFAQs_080621_1628284901536_0.pdf>

CDC (Updated 9/10/2021). Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

NYSDOH (10/27/2021). DAL-NH-21-23 Updated Nursing Home Testing Requirements. <https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/hpnSrc/CF596B8CFF361507E0530447A8C0308B.pdf>

CDC (1/21/2022). Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC (2/2/2022). Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2Spread in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#%3A%7E%3Atext%3DExpanded%20screening%20testing%20of%20asymptomatic%20HCP%20should%20be%20as%20follows%3A>

CMS (3/10/2022). Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the 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>

NYSDOH (3-25-2022). DAL 22-09. Nursing Home Visitation and Covid-19 Testing. <https://www.health.ny.gov/professionals/nursing_home_administrator/dal/docs/dal_nh_22-09.pdf>

CDC (Updated 6 19 22) [Stay Up to Date with Your COVID-19 Vaccines | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)

**REVISED**:

1/14/2021 3/24/2021 4/14/2021 7/15/2021 1/12/2022

1/27/2021 4/1/2021 4/15/2021 8/12/2021 3/27/2022

2/11/2021 4/7/2021 5/5/2021 11/2/2021 4/24/2022

3/18/2021 4/9/2021 6/10/2021 12/29/2021 6/22/2022