

Appendix: Long-term Care Facility Post-testing Public Health Recommendations

This document serves as guidance to long-term care facilities to implement additional prevention and control efforts designed to further limit transmission among residents and staff after implementing a facility-wide test-based strategy. Based on testing results, public health may recommend a number of interventions, depending upon how many residents and staff are affected and where they are located within the facility. Testing conducted at skilled nursing facilities should be implemented in addition to existing infection prevention and control measures recommended by public health and should not supersede existing infection prevention and control interventions.

COHORTING OF RESIDENTS

Residents who test positive for COVID-19 should be separated from residents who test negative for COVID-19. General cohorting strategies:

- Place residents together by COVID-19 status:
 - COVID-19 negative residents with other COVID-19 negative residents.
 - COVID-19 positive residents with other COVID-19 positive residents.
- A dedicated room, wing, unit, floor, or building for each cohort is ideal. Cohorting should be done with as much separation as possible (minimum 6 feet separation).
- The cohorting areas should be physically separate from other patient care areas within the facility. If there is no way to separate cohorting areas, then temporary physical barriers with clear signage posted should be used.
- COVID-19 positive and COVID-19 negative cohorts should not share common areas or bathrooms.
- Staff and equipment should be dedicated to each cohort and should not be shared.
 - Ensure staff practice source control measures and social distancing in the break room and other common areas (i.e., staff wear a facemask and sit more than 6 feet apart while on break).
 - Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit.

RESIDENTS TESTING POSITIVE

- Cohort COVID-19 positive residents by room or isolate to a private room with a bathroom until meeting [release from isolation criteria](#).
- COVID-19 positive residents should be on standard, contact, and droplet precautions with eye protection throughout their entire infectious period.
 - Appropriate PPE includes gloves, gown, eye protection, and a face mask.
- Perform appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic for 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).
- Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room.

RESIDENTS TESTING NEGATIVE

- Residents who have symptoms consistent with COVID-19, but test negative should be placed on standard, contact, and droplet precautions with eye protection, and isolated away from both COVID-positive and COVID-negative residents until meeting [release from isolation criteria](#).
- If your facility has cases of COVID-19:
 - All healthcare workers should wear all recommended PPE (i.e. standard, contact, and droplet precautions with eye protection) for care of all residents.
 - All residents testing negative for COVID-19 should be considered exposed and quarantined for 14 days.

RELOCATING RESIDENTS

If after mass testing, there is only a small number of residents identified in each cohort, consider relocating this minority to another facility.

- Residents testing negative:
 - Consider relocating this group to another facility without cases of COVID-19.
 - When relocating this group to another facility, they should be placed into quarantine at the receiving facility for 14 days.
- Residents testing positive:
 - When relocating this group to another facility, the receiving facility should be either a dedicated COVID-19 facility or have a dedicated COVID-19 unit.

RELEASE FROM ISOLATION AND QUARANTINE

COVID-19 positive residents or staff are considered infectious 48 hours prior to symptom onset (date of first positive test if asymptomatic) until meeting [release from isolation criteria](#).

To determine how long a staff member should stay home and away from others if they have, or think that they have, COVID-19, visit our [‘Release from Isolation’ guidance](#).

EXCEPTION FOR CRITICAL STAFFING NEEDS

Asymptomatic staff may potentially be able to work with only COVID-19 positive patients in a setting of critical staffing, but facilities must ensure the following conditions exist prior to letting these staff work.

- Asymptomatic COVID-19 positive staff must work only with COVID-19 positive residents and staff.
- Work areas for COVID-19 positive and COVID-19 negative staff must be kept separate, including break rooms, workstations, and bathrooms.

ALLOCATING RESOURCES

Below are some strategies to mitigate the effects of personal protective equipment (PPE) and staffing shortages during an outbreak.

- Personal Protective Equipment (PPE)
 - Implement [PPE preserving strategies](#).
 - Prioritize gowns for aerosol generating procedures, care activities where splashes and sprays are anticipated, and high contact resident care activities such as dressing, bathing/showering, transferring, providing hygiene,

- changing linens, changing briefs or assisting with toileting, device care or use, and wound care.
 - o Start extended use of eye and face protection (respirator or facemask).
 - HCP removes only gloves and gown (if used) and performs hand hygiene between patients while continuing to wear the same eye protection and respirator or facemask.
 - HCP must not touch their eye protection and respirator or facemask.
 - Remove eye protection and the respirator or facemask and perform hand hygiene if they become damaged or soiled, and when leaving the unit.
 - [Register](#) for respirator (i.e. N95) decontamination with the [Battelle Critical Care Decontamination System™](#) (Battelle CCDS™).
 - o If your facility is concerned about a potential or imminent shortage of PPE, notify your [local health department](#) of the shortage, including your current supply of the PPE item and projected shortage date.
- Staffing
 - o If staffing needs are not being met due to an outbreak in the facility, notify your [local health department](#) of your scheduled staffing, current variance, and minimum number of staff by category needed to meet resident care needs. If staffing is insufficient to run the facility safely, reach out to families/guardians outlining potential options for discharge home and home care, depending on level of patient acuity.