DPH COVID-19 Guidance Updates for Long-Term Care Facilities

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• Increased flexibility for screening of staff and visitors
• Outbreak testing adjusted to align with CDC
• Quarantine is no longer recommended for exposed individuals
• PPE use is no longer tied to vaccination status
• All LTCF staff need to be UTD by December 1, 2022
• LTCF staff still need to test weekly
• “Recovered” period is now 30 days, not 90 days
• DPH is *not* changing masking in LTCFs
Screening of Staff and Visitors

- Long-term care facilities should screen all individuals entering the facility for symptoms but may utilize posted signage to do so.
- Long term care facilities should have all individuals entering the facility, including healthcare personnel and visitors, self-assess for symptoms of COVID-19 (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, gastrointestinal symptoms, new onset loss of smell or taste and a fever).
- Self-screening should also include absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days.
- Long-term care facilities should post signage at facility entrance(s) explaining self-screening to visitors and staff.
- If an individual self-screens positively for symptoms or a diagnosis of SARS-CoV2 infection in the past 10 days, then they should not be allowed to enter the facility.
- Any healthcare personnel who had a diagnosis of SARS-CoV-2 infection in the prior 10 days must meet the DPH return to work criteria.

*Updated 10/14/22!*
Effective October 14, 2022, HCP are advised to use the standards outlined below, following SARS-CoV2 infection or exposure:

HCP who have either tested positive for SARS-CoV2 or who are exhibiting symptoms of COVID-19 (including fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell) and have been told by a provider that they have, or probably have, COVID-19, even in the absence of a test, should isolate.

- An isolating HCP **who had COVID-19 symptoms** may return to work:
  - after 5 days have passed since the first positive test was taken; **AND**
  - symptoms have substantially improved, including being fever-free, for 24 hours; **AND**
  - the HCP received a negative test (antigen) on Day 5 or later.

- An **isolating HCP who has been asymptomatic and is isolating** may return to work after 5 days once:
  - the HCP received a negative test (antigen) on Day 5 or later

- Any HCP who returns to work prior to 10 days since their first positive test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed since their positive test.
• HCP who have been exposed to someone who has COVID-19 but are not themselves exhibiting any symptoms and have not tested positive, do not need to be restricted from work.

• HCP may continue to work after being exposed, provided they remain asymptomatic. All HCP should wear PPE appropriate for their duties and must at least wear a facemask, and self-monitor for symptoms for 10 days.

• Exposed asymptomatic HCP who have a community exposure should have a negative test prior to returning to work.
<table>
<thead>
<tr>
<th>Resident Recovered Status</th>
<th>If resident identified as a close contact** of a case:</th>
<th>If resident tests positive for COVID-19:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recently recovered</td>
<td>No quarantine indicated. <strong>Test</strong> as soon as possible, but not sooner than 24 hours following exposure, on Day 3 and Day 5, or if symptoms develop.</td>
<td><strong>Isolate</strong> for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).</td>
</tr>
<tr>
<td>Recovered &lt; 30 days (regardless of vaccination status)</td>
<td>No testing indicated unless symptoms develop and no alternate diagnosis.</td>
<td>If resident develops new symptoms and tests positive for COVID-19, then isolate for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).</td>
</tr>
</tbody>
</table>
## PPE Use No Longer Based on Vaccination Status

<table>
<thead>
<tr>
<th>Resident Type</th>
<th>Recommended Staff PPE</th>
<th>Recommended Sign for Resident Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Negative* Residents</td>
<td>Facemask</td>
<td>N/A</td>
</tr>
<tr>
<td>COVID-19-Positive Residents</td>
<td>Full PPE upon room entry to include fit-tested N95 respirator or alternative, Face Shield/Goggles, Gown and Gloves. Gown and gloves <strong>must</strong> be changed between residents.</td>
<td><strong>Isolation</strong> Sign</td>
</tr>
<tr>
<td>COVID-19-Suspected Residents (i.e., Symptomatic, with test results pending)</td>
<td>Full PPE upon room entry to include fit-tested N95 respirator or alternative, Face Shield/Goggles, Gown and Gloves. Gown and gloves <strong>must</strong> be changed between residents.</td>
<td><strong>Isolation</strong> Sign</td>
</tr>
<tr>
<td>COVID-19 negative* residents on units with uncontrolled transmission and at facility discretion</td>
<td>Facemask (or N95 respirator or alternative if ongoing transmission on unit), Face Shield/Goggles, Gown and Gloves. Gown and glove use can be prioritized for high-contact resident care activities¹. Gown and gloves <strong>must</strong> be changed between residents.</td>
<td><strong>Enhanced PPE</strong> Sign</td>
</tr>
</tbody>
</table>
• Once a new case is identified, the facility should initiate outbreak testing.

• A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission:
  – Testing exposed staff and residents on the affected unit(s) as soon as possible. If the long-term care facility identifies that the resident or staff member’s first exposure occurred less than 24 hours ago, then they should wait to test until, but not earlier than 24 hours after any exposure, if known.
    • This testing can be performed with any FDA EUA authorized rapid antigen tests.
    • Staff and residents who are recovered from COVID-19 in the last 30 days can be excluded from this testing.
  – The facility should test staff and residents every 48 hours on the affected unit(s) until the facility goes seven days without a new case or a DPH epidemiologist directs otherwise.
    • The facility may use any FDA EUA-authorized rapid antigen tests to perform this testing.
In some situations, a contact tracing approach, rather than a unit-specific approach may be appropriate (i.e., staff member with exposure to only a limited number of residents, etc.). A series of 3 tests for asymptomatic individuals should be conducted following an exposure:

- Immediately (not earlier than 24 hours after exposure). If negative, again in 48 hours and if negative again in 48 hours.
  - In other words: test on Days 1, 3 and 5.
- Staff and residents who are recovered from COVID-19 in the last 30 days can be excluded from this testing.
• All LTCF staff need to be UTD with vaccine by December 1, 2022

• All LTCF staff still need to test weekly
  – Even though CDC and CMS no longer recommend
  – Staff who are not UTD must test twice a week

• “Recovered” period is now 30 days, not 90 days
  – This affects testing after exposure
  – If testing between days 31-90, ONLY an antigen test should be used

• DPH is not changing masking in LTCFs
  – All staff in LTCFs must still wear a mask, unless in areas where residents cannot access
Creating Clusters in MAVEN

• Create new cluster event for a nursing home or rest home if they have not had a staff or resident case in the prior 28 days
  – Please confirm that there is not an existing (open) cluster in MAVEN
  – The standard abbreviation for the cluster name should be ‘LTCF’

• Complete the following variables in MAVEN:
  – Exposure setting name,
  – Exposure setting type,
  – Affected town(s),
  – Contact information (including name, phone number, email), and
  – Last onset/positive date

• Healthcare facility clusters will automatically be closed 28 days from the last onset/positive date in the Respiratory/ILI QP
  – Each time a facility calls with an update, please ensure that this variable is updated and that the call is summarized in the notes

• Remind the facility to report all cases promptly to REDCap