PENNSYLVANIA DEPARTMENT OF HEALTH

2021 – PAHAN – 570 – 05-10-UPD

UPDATE: Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities

This document has been archived. Please refer to PA-HAN-599 for updated information on the topic.

DATE:	05/10/21
TO:	Health Alert Network
FROM:	Alison Beam, JD, Acting Secretary of Health
SUBJECT:	**UPDATE: Response to an Outbreak and Residents with Exposure to COVID- 19 for Long-term Care Facilities**
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This transmission is a Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF

A figure has been added to the end of this Advisory to assist with decision-making in response to an outbreak. Clarification has been added about visitation during outbreaks. Changes are made in red.

This guidance is designed to supplement the core measures outlined in PA-HAN-568 with additional information to outline the facility's response to a new suspected, probable, or confirmed case of COVID-19 in facility healthcare personnel (HCP) or a resident, or when a resident has been exposed to COVID-19. This guidance is specific for long-term care facilities but may also be applicable to other congregate and residential settings.

The guidance is consistent with current CMS guidance on prevention, visitation, and testing, and is designed to provide additional details to outline common situations that occur in the LTCF. This guidance supersedes **PA-HAN-530 and PA-HAN-496**.

If you have additional questions about this guidance or would benefit from discussion to support infection prevention and control decisions in your facility, please contact DOH at 1-877-PA- HEALTH (1-877-724-3258) or your local health department.

This guidance is specific for long-term care facilities (LTCF) but may also be applicable to other congregate and residential settings. **This guidance replaces PA-HAN-530 and PA-HAN-496**. If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Even as nursing homes resume more normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death**.**

Core prevention measures for LTCFs are outlined separately in PA-HAN-568 and should be reviewed closely. This guidance is designed to supplement the core measures with additional information to outline the facility's response to a new suspected, probable, or confirmed case of COVID-19 in facility HCP or a resident, or when a resident has been exposed to COVID-19.

The guidance contains the following sections:

1. Key definitions
2. New resident admissions
3. Residents who leave the facility for medical or social reasons
4. Known exposure to residents
5. Residents or HCP with signs and symptoms of COVID-19
6. New outbreak of COVID-19: Facility-based interventions
7. Response to a resident with COVID-19 infection-Individual intervention
8. Response to an HCP with COVID-19 infection-Individual intervention
9. Considerations for residents and HCP who are within 3 months of prior infection
10. Post-testing actions to prevent transmission
11. Potential cohorting modifications for LTCFs

1. KEY DEFINITIONS

Close contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period, during their infectious period. The infectious period begins from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection date of the positive test).

Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, other HCP providing direct care, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Isolation for residents: The term isolation refers to the implementation of measures for a resident with COVID-19 infection during their infectious period, to prevent transmission to other residents, HCP, or visitors. Isolation in LTCF residents includes:

- Use of standard and transmission-based precautions for COVID-19; and
- Private room with a private bathroom or with another resident with laboratory-confirmed COVID-19, preferably in a COVID Care Unit; and
- Restrict the resident to their room with the door closed. In some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway; and
- No visitation except for compassionate care considerations as outlined in QSO-20-39-NH; and
- Monitor by assessing symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam at least 3 times a day; and
- Follow the guidance in PA-HAN-554 to determine duration of isolation for residents.

Long-term Care Facility: For the purposes of this guidance, LTCF includes, but is not limited to, skilled nursing facilities (SNF), personal care homes (PCH), assisted living residences (ALRs), Community Residential Rehabilitation Services (CRR), Long-Term Structured Residence (LTSR), Residential Treatment Facility for Adults (RTFA), and Intermediate Care Facilities (ICF).

Nursing home-onset COVID-19: SARS-CoV-2 infection that originated in the nursing home. It does not refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into quarantine on admission and developed SARS-CoV-2 infection within 14 days after admission.
- Residents with a known exposure to COVID-19 from a visitor or during an outing who later developed COVID-19 but who were under quarantine for *their entire infectious period*.

Outbreak: The occurrence of one or more cases of COVID-19 in a LTCF that meet the following criteria:

- New nursing home-onset of COVID-19 in a resident; or
- New onset of COVID-19 in an HCP who was working in the facility while infectious (during the 2 days prior to symptom onset or positive test if asymptomatic).

Quarantine for residents: Quarantine helps prevent spread of COVID-19 that can occur if a resident is infected with the virus without feeling symptoms. This strategy is important for COVID-19 because people can be infectious prior to symptom onset or the collection of a positive test. In this guidance, the term *quarantine* refers only to residents (not HCP) and includes:

- Use of standard and transmission-based precautions for COVID-19; and
- Place 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 shelter-in-place at their current location while being monitored for evidence of SARS-CoV-2 infection; and
- Restrict the resident to their room; and
- No visitation except for compassionate care considerations as outlined in QSO-20-39-NH; and
- Quarantine for residents should extend 14 days from the date of last exposure, regardless of the results of testing, unless the resident should become symptomatic or positive for SARS-CoV-2 during that period.

Source control: Use of well-fitting cloth masks, facemasks, or respirators to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Cloth masks, facemasks, and respirators should not be placed on children under age 2, anyone who cannot wear one safely, such as someone who has a disability or an underlying medical condition that precludes wearing a cloth mask, facemask, or respirator safely, or anyone who is unconscious, incapacitated, or otherwise unable to remove their cloth mask, facemask, or respirator without assistance. Face shields alone are not recommended for source control.

Testing or test: This term refers to authorized nucleic acid or antigen detection assays that have received an FDA Emergency Use Authorization for SARS-CoV-2.

Transmission-based precautions for COVID-19: HCP should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. See PA-HAN-563 for additional details.

2. NEW RESIDENT ADMISSIONS

- Residents with **confirmed SARS-CoV-2 infection** who have **not met** criteria for discontinuation of Transmission-Based Precautions as per PA-HAN-554 should be placed in isolation in the designated COVID Care Unit.
- Residents with **no known exposure** who meet the criteria as **fully vaccinated** (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine), or residents within 3 months of a SARS-CoV-2 infection do **not** need to be quarantined upon admission or readmission.
- All other new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission or during their 14-day quarantine. New admission quarantine would ideally occur in a separate unit from quarantine for residents with known exposure to COVID-19 (see Section 4).

3. RESIDENTS WHO LEAVE THE FACILITY FOR MEDICAL OR SOCIAL REASONS

Residents who leave the facility should be reminded to follow all recommended IPC practices including well-fitting source control, physical distancing, and hand hygiene and to encourage those around them to do the same. Individuals accompanying residents (e.g., transport personnel, family members) should also be educated on and adhere to these IPC practices and should assist the resident with adherence.

For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) ***unless***:

- The resident, medical provider, or family report that the resident had close contact with someone with SARS-CoV-2 infection; or
- Based on an assessment of risk, uncertainty exists about the resident's adherence or the adherence of those around them to recommended IPC measures. The risk assessment should be documented by the facility in the resident's chart and outline the decision-making process.

Residents who leave the facility **for 24 hours or longer** should be managed as described in Section 2: New Resident Admissions. This includes for overnight hospitalizations greater than 24 hours.

4. KNOWN EXPOSURE TO RESIDENTS

For residents in LTCFs, **known exposure** includes:

- A resident who had **close contact** with *any* person (e.g., visitor, other resident, family member, or HCP) in *any* setting (e.g., within the LTCF or during an outing) with COVID-19 during their infectious period; or
- A resident who was directly cared for (within 6 feet or less) *for any duration of time*, by an HCP positive for COVID-19 (regardless of the PPE worn by the HCP) during the HCP's infectious period. This includes HCP at outside medical facilities or clinics; or
- A resident *on the same unit* as another resident who was directly cared for (within 6 feet or less) for any duration of time, by an HCP positive for COVID-19 during the HCP's infectious period, *if this care occurred within the LTCF*; or
- A resident on the same unit as another resident who has COVID-19 infection, if the infected resident was not on quarantine, or did not adhere to quarantine measures during their infectious period.

Following notification that a known exposure has occurred, place the resident(s) immediately under quarantine as outlined above in the definitions section. The quarantine period is 14 days. Testing does not reduce this quarantine period. Even if symptoms are not present, test the resident for SARS-CoV-2. Testing is recommended immediately and 5–7 days after exposure. If symptoms occur, test immediately.

5. RESIDENTS OR HCP WITH SIGNS AND SYMPTOMS OF COVID-19

a. Residents:
- At least daily, take the temperature of all residents and ask them if they have any COVID-19 symptoms, as outlined in PA-HAN-568. Clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19. Individuals with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Some may present with only mild symptoms or other less common symptoms.
- If signs and symptoms of COVID-19 develop:
  - Perform viral testing; and
  - Implement isolation while results are pending; and
  - Place roommate(s) under quarantine immediately. Remove roommate quarantine if an alternative diagnosis is identified and SARS-CoV-2 viral testing is negative (i.e., roommate quarantine does not need to be a full 14 days if the resident is determined to not have COVID-19 infection); and
  - Do **not** place a person with *suspected* COVID-19 into a COVID Care Unit prior to confirmation of infection by positive test result.
- Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV-2.

b. HCP
- HCP with signs or symptoms of COVID-19 should be tested for SARS-CoV-2 and excluded from work pending results. They should follow recommendations in PA-HAN-535 while home and awaiting results. If viral testing results are negative, return to work should be based on the facility's policy. Clinicians should use a low threshold to recommend testing for HCP in LTCFs.

6. NEW OUTBREAK OF COVID-19: FACILITY-BASED INTERVENTIONS

A single new case of SARS-CoV-2 infection in any resident or HCP should be evaluated as a potential outbreak. An outbreak is defined as the occurrence of one or more cases of COVID-19 in a LTCF that meet the following criteria:
- New **nursing home-onset** of COVID-19 in a resident; or
- New onset of COVID-19 in an HCP who was working in the facility while infectious (during the 2 days prior to symptom onset or positive test, if asymptomatic).

Identification of a single new case 14 days after the last known case would meet the criteria for a new outbreak and promote the need for an outbreak response**.**

Upon identification of one or more cases of COVID-19 meeting the definition of an outbreak above, conduct the following **outbreak response**:
- Increase monitoring of all residents to every shift to rapidly detect those with new symptoms.
- If there is a suspect case, and test results for the suspect case are anticipated to take longer than 2-3 days, *do not wait* to implement facility-wide interventions. Begin planning and executing outbreak response as outlined below while awaiting test results.
- **Facility-wide:**
  - **Pause all indoor visitation** except for under compassionate care considerations. If outdoor visitation will occur for residents not under quarantine or isolation (Yellow or Red Zone), visitors must be notified of the outbreak and the risk to their own

health. Conduct outdoor visitation using all core prevention measures.
    - **Consider halting social activities and communal dining**; if these activities must continue for residents with no known exposure, they should be conducted using source control and physical distancing for all participants.
    - **Perform viral testing for SARS-CoV-2 for all residents and HCP (regardless of vaccination status) initially, and then every 3-7 days.**
        - Do not test any asymptomatic residents or HCP with a history of SARS-CoV-2 infection within the previous 90 days.
        - If testing capacity is limited, prioritize the testing of residents and HCP on the same unit or floor or who are close contacts of a new confirmed case.
        - **Continue repeat testing of all previously negative residents and HCP** every 3-7 days until the testing identifies no new cases of COVID-19 among residents or HCP in the facility through at least one 14-day incubation period since the most recent positive result. Day zero for the most recent positive result is the day of symptom onset (or the date of the positive test collection if asymptomatic).
- **Units with known exposure:** Perform contact tracing and identify units with known exposure as outlined in Section 4. Implement the following recommended infection prevention precautions for units with residents with known exposure to the newly identified case:
    - Unit(s) housing residents with known exposure should be considered a Yellow Zone and follow guidance in Section 1 for quarantine.
    - HCP should care for all residents/units with known exposure using Transmission-Based Precautions for COVID-19.
    - Residents should be restricted to their rooms.
    - Visitation for these unit(s) should be limited to compassionate care situations for the duration of quarantine.
- **Guidance about re-starting indoor visitation during facility outbreaks** is available from CMS.
    - The facility must actively inform visitors about the outbreak and the risk to their own health.
    - Restrict non-essential HCP for areas where visitation is unallowed.
- Remember, the incubation period for SARS-CoV-2 infection can be up to 14 days and the identification of a new case within that period after starting the interventions does not necessarily represent a failure of the interventions implemented to control transmission.
- Note: following exposure outside the facility or during visitation within the facility, implement an individual exposure response as described in Section 4.

7. RESPONSE TO A RESIDENT WITH COVID-19 INFECTION- INDIVIDUAL INTERVENTION

Residents with confirmed COVID-19 infection should be placed in the COVID Care Unit under isolation as described in Section 1. Perform contact tracing to identify all residents, HCP and visitors that had contact with the resident during their infectious period.

- **For other residents**, use the definition of known exposure as outlined in Section 4. Place other residents with known exposure in quarantine.
- **For HCP**, use the guidance outlined in PA-HAN-560 to identify high-risk exposures and determine if work exclusion is indicated.
- **For visitors**, identify those with **close contact** as outlined in Section 1, and actively notify these persons of their exposure to the resident. These persons should undergo home quarantine as per guidance in PA-HAN-566. Refer visitors with questions about public health recommendations to their local health department at 1-877-PA-HEALTH.

Implement activities described in Section 6 for facility-based interventions in response to an outbreak.

Follow the guidance in PA-HAN-554 to determine the duration of isolation for residents with COVID-19.

8. RESPONSE TO AN HCP WITH COVID-19 INFECTION- INDIVIDUAL INTERVENTION

HCP with suspected or confirmed COVID-19 infection should be excluded from work per PA-HAN-553. Upon confirmation of COVID-19 infection, perform contact tracing to identify all residents, other HCP and visitors that had contact with the HCP during their infectious period.

- **For residents**, use the definition of known exposure as outlined in Section 4. Place residents with known exposure in quarantine.
- **For other HCP**, use the guidance outlined in PA-HAN-560 to identify high-risk exposures. Exclude HCP with high-risk exposure from work.
- **For visitors**, identify those with close contact as outlined in Section 1, and actively notify these persons of their exposure to the HCP. These persons should undergo home quarantine as per guidance in PA-HAN-566. Refer visitors with questions about public health recommendations to their local health department at 1-877-PA-HEALTH

Implement activities described in Section 6 for facility-based interventions in response to an outbreak.

9. CONSIDERATIONS FOR RESIDENTS AND HCP WHO ARE WITHIN 3 MONTHS OF PRIOR INFECTION

Asymptomatic residents and HCP who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection generally do not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection. They should maintain source control and physical distancing. However, there might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection. Examples include:

- Persons with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
- Persons for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
- Persons for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

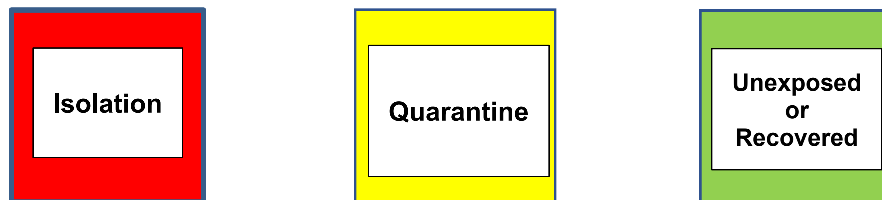
CDC continues to actively investigate the frequency of reinfection and the circumstances surrounding these episodes, including the role that new variants might play in reinfection, and will adjust guidance as necessary as more information becomes available.

10. POST-TESTING ACTIONS TO PREVENT TRANSMISSION

Previous guidance in PA-HAN-530 outlined three zones to conceptualize the cohorting of residents in response to outbreak testing results. The Zones have not fundamentally changed, but an emphasis on use of the terms contact tracing, known exposure, quarantine and isolation are used in this updated guidance. The Zones refer to units or in some cases, entire facilities. A unit is defined as an area of the facility where HCP are not typically shared with other areas *during one shift*.

- Residents need to be cohorted to separate units in three Zones, based on test results.

- **COVID Care Unit- (Red Zone)**: residents with a positive SARS-CoV-2 test requiring isolation. A Red Zone may also refer to a temporary housing of COVID-19 positive residents within a non-dedicated unit when the planned COVID Care Unit is full.
- **Quarantine- (Yellow Zone):** residents with a negative SARS-CoV-2 PCR test (or pending test results) who remain asymptomatic but are within 14 days of known or possible exposure to COVID-19. There are different types of risk profiles for Yellow Zone residents:
  - Admission observation unit - residents within 14 days of admission to the facility who are not fully vaccinated (nor within 90 days of a COVID-19 infection) with no known exposure; or
  - Residents with a known exposure via close contact; or
  - Residents who were on a unit that was exposed to an infectious HCP or infectious resident, as outlined in Section 4.
- **Unexposed or Recovered- (Green Zone):** a resident in the facility with no known exposure to COVID-19 in the prior 14 days, or who has met the criteria for removal of transmission-based precautions (often referred to as recovered) and is within 90 days of a COVID-19 infection.



- Residents in the three types of Zones listed above should not share common areas such as communal bathrooms and showers with other types of residents. The three Zones should remain separate on a unit if a unit must consist of two or more different zones.
- **HCP should be designated by Zone** *as much as possible* to minimize risk to quarantined (Yellow) and unexposed (Green) residents. If necessary, using HCP in more than one Zone should be prioritized as in the below diagram, which outlines how HCP should be assigned. The best option is listed first, and the least desirable option is listed last.

Best Option	HCP always work on the same unit, and units do not include more than one Zone. HCP do not cross over to other units.
	HCP always work on the same Zone, and do not cross over to other Zones. They may work in two or more quarantine (Yellow) units, for example, if the residents of those units have similar risks profiles.
	HCP are assigned to specific Zones but must *occasionally* cover staffing needs in other Zones for certain shifts. Ideally, HCP would not work in the COVID Care Unit (Red Zone) and then return to quarantine (Yellow) or unexposed units (Green).
	HCP always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, HCP would not work in the COVID Care Unit (Red Zone) and then return to quarantine (Yellow) or unexposed (Green) units.
Least Desirable	Occasionally staffing needs require that certain HCP work in more than one Zone during a single shift. That person must change all PPE and perform hand hygiene when going from one Zone to another. *Exception: respirators and eye protection can be worn continuously as part of PPE optimization strategies.* Ideally, this should be limited to specialized HCP.

Zone Guidelines

- Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Equipment should be dedicated ideally to each unit, and if necessary shared only between units of the same Zone. Any equipment that must be shared between different Zones should be fully cleaned and disinfected between use. These occurrences should be rare. Obtain additional equipment through your regular supplier or by request through your County Emergency Management Agency.
- Full PPE must be used to care for residents in COVID Care Units (Red) and quarantine (Yellow) zones according to PA-HAN-563.
- Ideally, do not combine residents under quarantine in the same unit if they have different risk profiles (e.g., do not combine a new resident admission with no known exposure with a resident who had a known exposure). Even though all quarantine occurs in a Yellow Zone, lower risk residents may experience an increased risk if cohorted with residents with a higher risk profile. Consult local public health for consultation as needed.
- Occasionally, a laboratory may report an **inconclusive or indeterminant result** for SARS-CoV-2 PCR testing. For residents with these results, specimen collection should be repeated as soon as possible. The resident should be cared for within a quarantine (Yellow) Zone while awaiting repeat test results.
- **De-escalating Zones:** When criteria set forth in PA-HAN-554 under "Discontinuing 'exposed' or 'affected' status for a unit or facility" are met:
    - A COVID Care Unit (Red) may be changed to Unexposed (Green) status, if this unit is not needed for long-term management as a COVID Care Unit. Alternatively, residents meeting criteria for discontinuation of TBPs can be moved individually to unexposed (Green) Zones.
    - A quarantine (Yellow) Zone may be changed to Unexposed (Green) Zone where these criteria have been met and where exposure occurred at least 14 days ago.
- **Residents refusing testing:** asymptomatic residents or the responsible party of an asymptomatic resident may refuse testing for the resident. These residents, if exposed to COVID-19, should be cared for in a quarantine (Yellow) Zone until at least 14 days following any known exposure. If these residents develop symptoms consistent with COVID-19, testing is strongly recommended, and the testing request should be re-visited with the resident or responsible party.

11. POTENTIAL COHORTING MODIFICATIONS FOR LTCFS

These modifications are meant to outline acceptable alternatives for DHS-licensed facilities that are unable to follow the above guidance. Facilities that are able to meet the above recommendations should do so. Alternative strategies that should be considered include:

- Facilities that are attached to nursing care facilities may relocate an individual who tests positive for COVID-19 or who is potentially exposed to cohort them in existing Red or Yellow Zones of the attached nursing care facility.
- Aim to re-assign bathrooms, so that COVID-19 positive residents are not using the same bathrooms as COVID-19 negative residents.
- If there are empty rooms in the facility, COVID-19 positive residents should be moved into the empty room to isolate away from roommates. Conversely, the roommate could be moved to an empty room for quarantine. Separation protects the non-infected roommate from continued exposure.

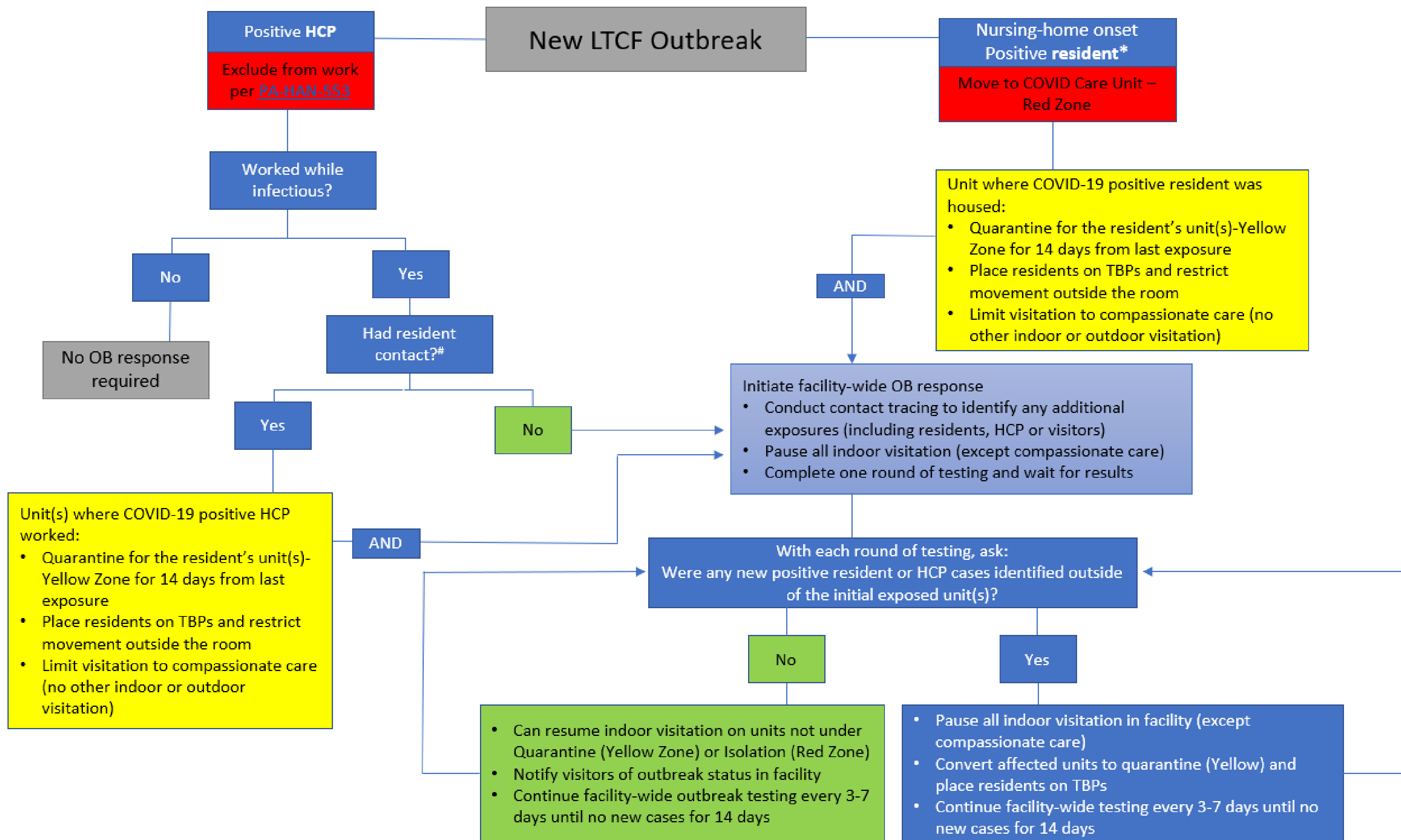
- Whenever possible, HCP should be designated to treat only COVID-19 positive residents, COVID-19 exposed residents, or only COVID-19 negative residents.
- Residents who are COVID-19 positive should be kept in their room or apartment as feasible with the door closed. Anything that the COVID-19 positive resident may need to leave the room for (e.g. food, water, etc.) should be brought to that resident so they avoid the use of common areas such as kitchens and communal living spaces.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877- 724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 10, 2021 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.

FIGURE: DECISION-SUPPORT ALGORITHM FOR RESPONSE TO LTCF OUTBREAK



Footnotes:

Resident contact is defined in the known exposure section of PA-HAN-567 and includes:

- Close contact between the HCP and the resident during the HCP's infectious period; or
- The HCP directly cared for any resident (within 6 feet or less) for <u>any</u> duration of time during the HCP's infectious period.

*A new nursing home onset of COVID-19 is defined in PA-HAN-567, applies to all LTCF types, and excludes the following scenarios. Do not use this algorithm for these resident cases.

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into quarantine on admission and developed SARS-CoV-2 infection within 14 days after admission.
- Residents with a known exposure to COVID-19 from a visitor or during an outing who later developed COVID-19 but who were under quarantine for their entire infectious period.