

Infection Prevention FAQs for Long Term Care Newsletter

Contact Tracing in Long term Care, Assisted Living and Independent Living

- **What is a close contact by definition?**
 1. Someone who was within 6 feet of an infected person for a **total of 15 minutes or more over a 24-hour period**. An individual is considered infected starting 2 days before illness onset (or, for asymptomatic patients, 2 days prior to a positive test specimen collection).
 2. CDC source: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>
- **One of my healthcare personnel (HCP) has tested positive for COVID-19 (symptomatic or asymptomatic) from a community exposure or facility exposure and the resident is a close contact.....what next?**
 1. Was HCP at work 48 hours prior to onset of symptoms or specimen collection? **NO (go to step 2) YES (go to step 3)**
 2. **Notify Local Health Department (LHD) to complete community contact tracing. Follow CDC guidelines for return to work 10-20 days/+ 24 hours- If asymptomatic, HBP may work in COVID zone per [CDC staffing mitigation strategies](#).**
 3. **Begin facility contact tracing– which residents did HCP spend-**
 - a. **Greater than or equal to 15 minutes in 24-hour period (masked or unmasked)**
 - b. **Less than 6 feet apart**
 - i. **Place these residents in Droplet-Contact Transmission Based Precautions (TBP) for 14 days (shelter in place awaiting results) & outbreak testing begins**
https://www.coronavirus.in.gov/files/20_COVID%20nursing%20home%20antigen%2010.28.20.pdf
 - ii. **Residents do not need to move rooms at this point. “Shelter in place in TBP” during this timeframe for outbreak testing to exposures. If a resident test’s positive or becomes symptomatic then movement to the COVID unit would be warranted per guidance. (see LTC antigen testing algorithm)**
- **One of our HCP tested positive for COVID 19 (symptomatic or asymptomatic) from a community exposure or facility exposure and another HCP or visitor is a close contactwhat next?**
 1. Did the exposure occur at work?
 2. Did the exposure occur 48 hours prior to onset of symptoms or specimen collection?
 3. Were the HCPs **wearing proper PPE; including both universal control of a facemask or N95 and eye protection, during the exposure?** **NO (go to step 4) YES (go to step 5)**
 4. **Notify LHD to complete community contact tracing. Follow CDC guidelines and Exclude from work for 14 days after exposure.**
 - a) **If HCPs were not wearing all recommended PPE gown, gloves, eye protection, N95 for aerosol generating procedures- Exclude from work 14 days after last exposure**

5. No work restrictions are required for HCP wearing proper PPE.

- **One of our residents tested positive for COVID-19 from a possible HCP exposure.....what next?**
 1. Were HCPs wearing proper universal controls: N95, eye protection while providing care less than 6 feet of resident? **NO (go to step 2)** **YES (go to step 3)**
 2. **HCP is close contact. Exclude from work for 14 days**
 3. **HCP that are asymptomatic may work on the COVID unit**
 4. Additional guidance- Aerosol generating procedures (AGP) are considered close contact regardless of duration. **HCP that do not wear gown, gloves, N95 and eye protection while providing AGP are to be excluded from work for 14 days.**

Transmission Based Precautions questions on barrier walls (zip walls) and doors.....

- **Does the facility have to have a barrier or zip wall to mark the COVID unit? No,** they may use a zip wall or barrier, fire door to mark the COVID unit or may use tape on the floor, a table or large sign. The unit should be clearly marked and only admit designated staff assigned for delivery of care.
- **What does the CDC and IDOH say about identifying and staffing the COVID unit?**
 1. Preparing for COVID-19 in Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
 - a. Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could 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.
 - b. For Assisted Living individual apartments these residents may shelter in place in TBP and have assigned dedicated staff for these apartments.
 - c. Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use.
 2. IDOH SOP COVID Toolkit for Long-Term Care Facility Staff 11.16.20
https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_10.30.2020.pdf
 - a. From IC risk assessment look at the flow of the unit, a barrier is not mandated but consider a clear marking, signage or door for keeping traffic of the unit
- **If a facility uses a zip wall or barrier wall what does that need to look like?**
 1. Assure that the zip wall or barrier and does not affect your life safety code for safety of resident and staff evacuation or fire code. It can be used to mark your COVID unit, providing an outside exit is available for staff entry/exit.
 2. It is recommended to not be used for pass through where they roll up the door each time they enter and exit. The staff should not be touching the floor to roll the wall

up for pass through. This is where staff can contaminate it frequently and pose an infection risk.

3. Have hand hygiene and disinfection guidelines for cleaning posted and available.
4. The COVID unit does need to be clearly marked with large sign to limit traffic but does not have to have a wall.
5. Barrier/Zip walls can be useful with memory care outbreaks to keep residents from wandering in the COVID unit.

- **Do the doors need to be closed for resident rooms in Transmission Based Precautions in the COVID Positive unit (RED zone) or Yellow zone? **No, not unless there is a critical need for privacy at end of life or if there is an aerosol generating procedure in process.****

1. LTC is using Droplet-Contact precautions per CDC guidance and all room doors must have proper signage that indicate TBP and PPE, including donning and doffing instructions posted that will be used in this room.
 - Note: We do not have negative airflow rooms and most all LTC rooms have positive pressure. Keeping the door closed and then opening this door could pull room air into the hallway.
 - This includes residents in TBP for 14-day quarantine that are new admissions or re-admissions.
2. COVID positive residents need observed 3 times per day and active monitoring in TBP and we are still using TBP for droplet-contact precautions. For the safety of residents IDOH advocates **that the doors do not need closed in these rooms (RED ZONE)**.
3. All LTC HCP are using universal source controls with surgical or N 95 (in TBP) and eye protection for all who have direct close contact with residents < 6 feet, and residents are asked to wear masks when care is delivered. By having residents wear a mask along with HCP during care delivered this decreases transmission risk of the virus droplets.
 - a. There is new evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising. (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>)
 - b. Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.
 - c. Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission

Environmental Controls

- **What about spread through the HVAC systems?**
 - a. Currently there is no evidence that coronavirus is spread through duct work and ventilation systems. Per the CDC, “transmission through smaller droplet nuclei (airborne transmission) that propagate through air at distances longer than 1 meter is limited to aerosol generating procedures during clinical care of COVID-19 patients.” This finding is supported by a recent WHO publication. This means of transmission would make HVAC systems very low risk.
<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>

- **What can we do to add to our environmental controls for COVID-19 prevention?**
 - a. Use the IDOH Environmental Steps to reduce indoor COVID-19 Transmission. Including opening window, increase humidity, adding inline filters.
https://www.coronavirus.in.gov/files/IN_COVID-19%20environmental%20steps%206.19.20.pdf
 - b. Additional resources on environmental control include the following:
 - a. CDC’s Guidelines for Environmental Infection Control in Health-Care Facilities
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html>
 - b. American Society of Heating, Refrigerating and Air-Conditioning Engineers COVID-19 infographic -
<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-covid19-infographic-.pdf>