



## COVID-19 Prevention and Response Activities in Long-term Care/Residential Care Facilities

Resources from the Centers for Disease Control and Prevention for Nursing Homes and Long-term Care Facilities:

- Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- SARS-COV-2 Antigen Testing in Long Term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
- Considerations for Memory Care Units in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- Infection Control Assessment Tool: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>
- 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>
- Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility: <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>
- MSDH COVID-19 Vaccination Provider Enrollment, Vaccine Request, and Resources: [https://msdh.ms.gov/msdhsite/\\_static/14,0,71,975.html](https://msdh.ms.gov/msdhsite/_static/14,0,71,975.html)
- Monoclonal Antibodies Strongly Recommended in Long-term Care Facilities: [https://msdh.ms.gov/msdhsite/\\_static/resources/15498.pdf](https://msdh.ms.gov/msdhsite/_static/resources/15498.pdf)
- Monoclonal Antibody Update for COVID-19: Subcutaneous Use and Emergency Use Authorization for Post-Exposure Prophylaxis [15194.pdf \(ms.gov\)](#)
- Updated Guidance for an Additional Dose or Third Dose of mRNA COVID-19 Vaccine for Immunocompromised Individuals [https://www.msdh.ms.gov/msdhsite/\\_static/resources/15390.pdf](https://www.msdh.ms.gov/msdhsite/_static/resources/15390.pdf)

### **COVID-19 Prevention Activities**

The following Mississippi State Department of Health (MSDH) guidance is intended to supplement the CDC 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>) and the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic ([Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)). Please refer to those documents for all recommendations not specifically covered in the MSDH specific general guidance for nursing homes and other long-term care facilities. Please also see [visitation guidelines for nursing homes and all other facility types](#) on the MSDH COVID-19 website.

- Assign one or more individuals with training in infection control to provide on-site management of the facility's Infection Prevention and Control (IPC) Program.
- CDC's [Nursing Home Infection Preventionist Training Course](#) is available for free CE online and can

aid in orienting individuals to this role in nursing homes.

- Actively screen and establish a process to identify all persons entering the facility, regardless of their vaccination status, who have any of the following so that they can be properly managed:
  - a positive viral test for SARS-CoV-2,
  - [symptoms of COVID-19](#), or
  - who meets criteria for [quarantine](#) or [exclusion from work](#).
- Implement sick policies to encourage staff to stay home when ill.
- Assess the current supply of personal protective equipment (PPE) and initiate measures to optimize current supply.
- All staff should wear appropriate PPE when they are interacting with residents, based on levels of community transmission in the county, found at [CDC COVID Data Tracker](#).
- In general, fully vaccinated HCP should continue to wear source control while at work; however, there are a few situations where fully vaccinated HCP who do not have other indications for source control could choose not to wear source control.
  - Fully vaccinated HCP in counties with low to moderate community transmission may choose to not wear source control or physically distance themselves while dining/socializing together or attending in-person meetings, but only in well-defined areas that are restricted from patient access (e.g., break rooms). If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.
- Encourage all eligible residents and staff to become fully vaccinated♦ with an approved COVID-19 vaccine when feasible.
  - Implement a plan for ensuring access to COVID-19 vaccination to new residents and new employees
    - Coordinate with a local pharmacy to provide COVID-19 vaccine, or
    - Consider enrolling as a COVID-19 vaccination provider to obtain vaccine from MSDH.
  - Develop a process for identifying immunocompromised individuals (resident/staff) that should receive an additional dose of an mRNA COVID-19 vaccine per current CDC recommendations.
  - Develop a plan now to be able to vaccinate residents and staff with a COVID-19 booster according the most to current FDA and CDC recommendations.
- Create a Plan for Routine Testing of HCP for SARS-CoV-2 (based on levels of community transmission within the county, found at [CDC COVID Data Tracker](#)).
  - Expanded screening testing of asymptomatic HCP should be as follows:
    - Fully vaccinated HCP may be exempt from expanded screening testing.
    - Unvaccinated HCP should have a viral test twice a week when county COVID-19 level of community transmission is substantial to high
    - Unvaccinated HCP should have a viral test weekly when county COVID-19 level of community transmission is moderate.
    - Regardless of the level of community transmission within a county, MSDH requires all healthcare workers, staff and employees\* of Mississippi nursing homes and assisted living facilities are required to be fully vaccinated against COVID-19\* or receive COVID-19 testing two times weekly.  
(<https://www.msdh.ms.gov/msdhsite/static/resources/14712.pdf>)
    - Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic.

- Coordinate with the facility medical director to determine if/when monoclonal antibody therapy (REGEN-COV, Bam/Ete or Sotrovimab) should be initiated in your facility to prevent hospitalizations and deaths. Monoclonal antibodies are recommended for both treatment of infected individuals and post-exposure prophylaxis (REGEN-COV and Bam/Ete products) of unvaccinated residents who are contacts to COVID-19 infected persons and at high risk of developing complications. Facilities are strongly encouraged to develop a system of administration of monoclonal antibodies within their facilities. For more information, see [Referral Information for Monoclonal Antibody Treatment \(COVID-19 Centers of Excellence\) - Mississippi State Department of Health \(ms.gov\)](#).
  - See EUAs for each at [Fact Sheet For Health Care Providers Emergency Use Authorization \(Eua\) Of Bamlanivimab And Etesevimab 09162021 \(fda.gov\)](#) and [Regeneron EUA HCP Fact Sheet 09172021 \(fda.gov\)](#)
- All facilities should actively screen each resident daily for symptoms consistent with infection, even if the facility is not currently experiencing cases among employees or residents.
  - Long-term care residents may not present with typical symptoms of fever or respiratory symptoms. Cases have been identified in residents with minimal cough, low grade fever (< 100.0 °F), dizziness, diarrhea, sore throat or altered mental status.
  - Have a high index of suspicion and utilize pulse oximetry in active screening. Diminished oxygen saturation has often been the first sign of infection among nursing home residents.
- Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) is recommended for **everyone in the facility**. The safest practice is for residents and visitors wear a well-fitting cloth mask or facemask and physically distance.
  - If the patient and all their visitor(s) are fully vaccinated, they can choose not to wear source control and to have physical contact.
  - Visitors should wear source control when around other residents or HCP, regardless of vaccination status.
- Dedicate space in the facility for cohorting and managing care for residents with COVID-19
- Follow current CDC guidance for [New Admissions and Residents who Leave the Facility](#)
- Follow current [CMS COVID-19 Visitation Guidelines for Nursing Homes](#)

### **If COVID-19 is identified in the facility or an outbreak is suspected**

Notify the MSDH Office of Epidemiology (601-576-7725 or 601-576-7400 after hours) of any identified COVID-19 infection in a resident or employee within the facility.

**Outbreak definition:** COVID-19 infection confirmed in a single resident or employee

An outbreak should be suspected when clusters of respiratory disease ( $\geq 3$  residents and/or staff) are identified. Notify the MSDH Office of Epidemiology of any confirmed or suspected outbreak. Below are some first steps to begin when contacting MSDH.

### **Response to a newly identified SARS-CoV-2-infected HCP or Resident**

Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak.

- Consider increasing monitoring of all residents from daily to every shift, to detect more rapidly those with new symptoms.

- HCP and residents with symptoms of COVID-19:
  - Symptomatic HCP, regardless of vaccination status, should be restricted from work pending evaluation for SARS-CoV-2 infection.
  - Symptomatic residents, regardless of vaccination status, should be restricted to their rooms and cared for by HCP using a NIOSH-approved N95 or equivalent or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face) gloves, and a gown pending evaluation for SARS-CoV-2 infection.
- Managing residents who had close contact with someone with SARS-CoV-2
  - Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
    - Although not preferred for healthcare settings, options for shortening quarantine are available.
  - Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section.
  - Fully vaccinated residents 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 or are diagnosed with SARS-CoV-2 infection.
- Managing HCP who had a higher risk exposure\* with someone with SARS-CoV-2
  - Unvaccinated HCP should be excluded from work for 14 days after last exposure.
  - Asymptomatic, fully vaccinated HCP or those who have recovered from SARS-CoV-2 infection in the prior 90 days have had a higher-risk exposure do not require work restriction

\*Higher risk exposure = HCP with prolonged close contact with someone with confirmed SARS-CoV2 infection not wearing a respirator or facemask, or not wearing eye protection if the SARS-CoV infected person was not wearing a cloth mask or facemask, or HCP not wearing all recommended PPE (gowns, gloves, eye protection, respirator) while performing an aerosol-generating procedure.

- Testing of Staff and Residents During an Outbreak
  - Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure
  - If the facility has the expertise, resources, and ability to perform contact tracing and identify *all* close contacts, they could choose to conduct testing based on known close contacts.
    - If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact

or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.

- If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility)
  - Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
- After initial outbreak testing, continue testing all non-positive residents and HCP who are identified as close contacts weekly until no new cases are identified for at least 14 days.
- Be prepared to act on positive results with a plan that addresses staffing and further isolation of residents with confirmed COVID-19.
  - Exclude all positive employees from work until 10 days after onset of illness or 10 days after test date if asymptomatic. Employees may return to work 10 days after onset of illness or test collection date if asymptomatic if they have been fever free for 24 hours without use of fever-reducing medication, with symptom improvement. Employees should not be allowed to work while symptomatic. **A negative test should not be required for return to work.**
  - Cohort positive residents in a designated area of the facility and dedicate staff to care for these residents only, with no interaction with unaffected residents.
- Institute universal facemasks for all employees/staff while in the facility, if not previously done.
- Actively monitor ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
- Cohort ill residents in one wing of the facility if possible.
- Assign staff to care for only ill residents, or for only residents on the affected wing if possible.
- New/readmissions with unknown COVID-19 status who are not fully vaccinated should be placed in a single room or separate observation area and monitored for signs and symptoms of COVID-19 for 14 days\* after admission and cared for using Transmission-Based Precautions (see section for Alternative Quarantine Options below).

**Outbreak response measures should remain in place until no additional cases have been identified for at least 14 days.**

## **Guidance for fully vaccinated<sup>♦</sup> individuals:**

- Fully vaccinated<sup>♦</sup> HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated<sup>♦</sup> HCP populations with higher-risk exposures should still be considered:
  - HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
- Fully vaccinated HCP may be exempt from expanded screening testing. However, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
- In general, when caring for fully vaccinated individuals with an immunocompromising condition, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing)
- Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated<sup>♦</sup> and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.
- ***Healthcare personnel and residents that are not fully vaccinated should follow the \*Alternative Quarantine Options listed below.***

<sup>♦</sup>Fully vaccinated refers to a person who is

- $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, there is currently no post-vaccination time limit on fully vaccinated status.

**\*Alternative Quarantine Options for Unvaccinated Healthcare Personnel (HCP):**

**The Mississippi State Department of Health (MSDH) continues to strongly encourage a 14-day quarantine period for residents in congregate settings following prolonged close contact with someone with SARS-CoV-2 infection regardless of vaccination status.** However, MSDH does provide the following acceptable alternative quarantine options:

**10 Day Option:**

Close contacts can end quarantine after 10 days if they have monitored for symptoms daily and had no symptoms during the entire 10-day period.

**7 Day Plus Test Option:**

If testing is available, close contacts who have remained asymptomatic for 7 days and who have a negative PCR test collected on day 5, 6, or 7 can discontinue quarantine after 7 days.

Quarantine must be at least 7 days after exposure regardless of a negative test.

**Persons can discontinue quarantine at these time points only if the following criteria are also met:**

- No symptoms of COVID-19 at any point during the quarantine period; **and,**
- Continue to monitor for symptoms for a full 14 days: **and,**
- Continue to wear masks and practice social distancing at all times for a full 14 days.
- If symptoms develop, immediately self-isolate and seek testing for COVID-19,

**Remember, a negative test collected prior to day 5 cannot be used to shorten the quarantine period.**

Essential employees who are not fully vaccinated and continue to work should self-quarantine at home at all other times during their quarantine period based on the above options.

**After an individual has had a confirmed COVID-19 infection, they are excluded from quarantine if re-exposure occurs within the next 90 days. During this 90-day period testing is not recommended unless they have symptoms consistent with possible reinfection.**

**Residents who have tested positive within the past 90 days and leave the facility, are not required to quarantine upon return.**