

## **PUBLIC HEALTH SERVICES COMMUNICABLE DISEASE CONTROL**

### **Guidance on Management and Placement of COVID+ and COVID-Exposed Patients in a SNF**

1. Patient/resident testing:
  - a. The goal is to eventually work toward screening of staff and residents for COVID on a regular basis for surveillance purposes; until such an arrangement can be made, testing should definitely be done if/when a case is identified in a resident or staff
  - b. After identification of a single case in a resident or staff, screening of all other staff and residents is ideal; however, if such an approach is not feasible yet, more targeted testing as outlined below is recommended.
  - c. If single resident or single staff member COVID+, test roommates/close contacts of and staff who cared for positive resident or patients cared for by positive staff member
    - i. If all negative, repeat testing 10-14 days later
    - ii. If further infections identified, that is considered an outbreak, and further testing will be recommended by OCHCA
  - d. If outbreak determined (2 or more residents or 1 resident and 2 or more staff), testing of whole facility (staff and residents) is indicated.
    - i. COVID+ patients identified from this testing should be placed in COVID unit (see below).
    - ii. Roommates of positive patients should be moved to a separate area for closer observation (see below); repeat screening should continue on a weekly basis until 14 days after last contact with a positive roommate.
    - iii. Residents who were negative initially and were not contacts of positive residents or staff should be rescreened at least two more times, at approximately 7 and 14 days after outbreak is determined. OCHCA may recommend further testing if there is one particular area that has new cases that are not linked to a prior case.
2. Facility Set Up if COVID Cases Identified:
  - a. COVID ("red") Unit: should be fully functioning area of your building with separate entrance/exit from the building, separated from the rest of the facility by distance or a physical barrier to prevent entry of non-red unit staff. Ideally, red unit should not be located near a main entrance or high traffic flow area of your facility. Appropriate areas should be established for proper donning and doffing of PPE. Staff should be dedicated to this area (not work in other areas of the facility that day) and have a separate bathroom, nursing station, and break room within the unit. Outside break area could provide a "clean" eating/rest area where no PPE is worn.
  - b. Quarantine ("yellow") Unit; ideally located just adjacent to the red unit, with a separate entrance/exit from building if possible, but not mandatory. Entry to this area could be demarcated by yellow tape on floor. Ideally, yellow unit should have dedicated staff; if dedicated staff not possible, staff should work from clean ("green unit", see 2c below) unit to yellow unit. If possible, create a separate break room and nursing station in yellow unit. Will house all close contacts during quarantine time, PUIs (single rooms) and convalescing COVID+ patients. In yellow unit, enhanced standard precautions for all, droplet precautions mandatory for PUIs and

- recommended for close contacts and convalescing COVID patients (as PPE allows). All doors to rooms should be closed and no COVID negative or low risk patients in yellow unit (except PUIs).
- c. Lower Risk (“green”) Unit: area of facility holding patients who tested negative at baseline and are not close contacts to COVID patients or staff and were not in an area with high density of cases. Enhanced standard precautions needed for this area. Will also house formerly COVID+ patients who have cleared their 28 day isolation/quarantine period, and close contacts who cleared quarantine period.
3. Patient Placement When COVID Cases Identified
- a. Patients testing positive for COVID: should be placed in COVID (red) unit.
  - b. Patients who are close contacts of COVID+ patient (roommates): should be placed in quarantine (yellow) unit, ideally in single rooms if space allows. If space does not allow for single rooms, can cohort two or three per room (the less, the better), separate beds as much as possible, draw privacy curtains, place masks on patients at all times and keep patients in their rooms. Increase ventilation by opening windows or sliding glass doors if weather and regulations allow.
  - c. Patients who are PUIs: should be placed in a single room in the quarantine (yellow) unit.
4. Patient Clearance: Contact your OCHCA PHN Liaison for any questions about specific patient situations
- a. COVID+ patients
    - i. OCHCA recommends that COVID+ patients be in COVID unit for at least 14 days; if at 14 days, the patient still have significant symptoms, may want to keep them longer.
    - ii. If COVID+ patient never had symptoms or had mild symptoms and has been afebrile for 3 days with substantial improvement of symptoms by the 14 day time period (non-test based clearance), patient can be moved to a “step down” area in the quarantine (yellow) unit and cohorted with other convalescing COVID+ patients for another two weeks at a minimum (should be extended until all symptoms, such as cough, have resolved).
    - iii. Stay in step-down area (yellow unit) may be shortened to one if week if resident was completely asymptomatic the whole time and space does not allow for two week stay.
    - iv. OCHCA does not recommend re-testing of COVID+ cases for clearance. Test-based clearance (two negative tests 24 hours apart after patient has met symptom-based criteria and 14 day isolation period completed) may be performed if preferred by the facility, but will not be supported by OCHCA public health lab.
    - v. When releasing COVID+ residents from yellow unit to green unit, try to avoid rooming them with COVID negative residents; that is, maintain cohorting with other recovered COVID patients if possible.
  - b. Close contacts
    - i. Should remain on yellow unit for at least two weeks beyond last contact with positive case
    - ii. Can be moved to green unit if testing at 7 and 14 days beyond last contact are both negative and no symptoms have developed
  - c. PUIs: these cases may require consult with OCHCA as advice will depend on individual circumstances of case
    - i. Should remain in single room in yellow unit until test results back...if positive, move to red unit.
    - ii. If initial PUI test is negative, but patient is a close contact or continues to have respiratory symptoms, attempt to keep in single room and re-test in another 2-3 days. If again negative and symptoms have resolved, can move back to a cohorted room in yellow unit to complete 14 day quarantine period.
    - iii. If PUI was from green unit, initial PUI test negative and alternative reason for symptoms has been identified (e.g., UTI causing fever or altered status) and is responding to treatment of other condition within a few days, can return to green unit.