COVID-19 RESIDENT GUIDANCE

(Version 6 – Updated: July 27, 2020)

Important: CDC recommends healthcare facilities practice universal source control to prevent spread of infection among residents, employees, and visitors and to consider increasing **monitoring of asymptomatic residents from daily to every shift to more rapidly detect any with new symptoms.*

SCENARIO 1:

A resident/patient has symptoms of COVID-19

1. Facility representative notifies resident/patient's primary care physician if not already aware.
2. Per DHS HAN#5, facility ensures resident with symptoms of acute respiratory illness is tested for COVID-19.
3. Facility moves resident to private room or dedicated observation area if possible and follows primary care physician orders on care/treatment (i.e. hospitalization, facility isolation, etc.) If patient/resident is staying in facility, the facility must be able to safely take care of the resident/patient. ***If facility is unsure it can meet the resident/patient's needs, seek out public health and DHS for guidance.***
4. Facility notifies DHS of suspected case within 24 hours of detection via Wisconsin Electronic Disease Surveillance System (WEDSS), or by fax to the patient's local health department **AND** for Skilled Nursing Facilities, tracks and reports COVID-19 information specified by the CMS interim Final Rule 483.80 (g)(1) electronically to CDC National Healthcare Safety Network (NHSN) no less than weekly.

Note: Refer to linked CMS memo above for additional compliance and enforcement information.

5. Per CMS, Skilled Nursing Facility notifies local public health and ensures testing per DHS protocol. Infection control nurse keeps a line list of resident and staff respiratory surveillance.
6. Per CMS, Skilled Nursing Facility notifies all residents and their representatives by 5:00pm the next calendar day following either a single confirmed case of staff or resident COVID-19; or ≥ 3 residents or staff develop new-onset respiratory symptoms within 72 hours of each other.
7. Per CMS, Skilled Nursing Facility updates all residents and their representatives weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours.

8. Per CMS, Skilled Nursing Facility increases monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection.
9. Facility consults resident provider and CDC guidelines for discontinuation of transmission-based precautions (TBC) and isolation for residents suspected of having COVID-19:

In cases of laboratory-confirmed COVID-19 with mild to moderate illness:

- They are free of fever (<100.4°F, <38.0°C)* for at least 24 hours without the use of fever-reducing medicine **and**
- Other symptoms have improved (for example, cough, shortness of breath) **and**
- At least 10 days have passed since symptoms first appeared

In cases of laboratory-confirmed COVID-19 with severe to critical illness / severely immunocompromised:

- They are free of fever for at least 24 hours without the use of fever-reducing medicine **and**
- Other symptoms have improved **and**
- At least 20 days have passed since symptoms first appeared

In cases of suspected COVID-19 with one negative result from at least one *respiratory specimen tested using an* ***FDA-authorized molecular viral assay*** *to detect SARS-CoV-2 RNA:*

- Confirm with doctor there is no further clinical suspicion before discontinuing isolation

Note: Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions for a patient confirmed positive with COVID-19.

Note: Refer to M3's COVID-19 Isolation and Infection Control Strategies for further recommendations.

SCENARIO 2:

A resident/patient is laboratory-confirmed COVID-19 positive

1. Facility representative notifies resident/patient's primary care physician if not already aware.
2. Facility moves resident to COVID-19 unit or area and follows physician order on care/treatment. If physician orders to isolate in place, the facility must be able to safely take care of the resident/patient. ***If facility is unsure it can meet the resident/patient's needs, seek out public health and DHS for guidance.***
3. Facility notifies DHS of confirmed case within 24 hours of detection via Wisconsin Electronic Disease Surveillance System (WEDSS), or by fax to the patient's local health department **AND** for Skilled Nursing Facilities, tracks and reports COVID-19 information specified by the CMS interim Final Rule 483.80 (g)(1) electronically to CDC National Healthcare Safety Network (NHSN) no less than weekly.

   Note: Refer to linked CMS memo above for additional compliance and enforcement information.

4. Facility follows steps 5-8 above as applicable.
5. **If resident becomes symptomatic**, follow Step 9 in Scenario 1 for discontinuation of isolation.
6. **If resident remains asymptomatic**, facility discontinues isolation after at least 10 days have passed (20 days if severely immunocompromised) since their first positive viral diagnostic test.
7. If resident is discharged from hospital back to facility:
   - **TBC are still required**, adhere to infection control recommendations for care of COVID-19 patients and preferably place in designated isolation until TBC can be discontinued per the above criteria.
   - **TBC are discontinued but resident still has symptoms**, place in a single room and isolate in room. Resident wears a facemask (if tolerated) during care activities until all symptoms resolved/at baseline.
   - **TBC are discontinued and resident symptoms resolved**, no further restrictions except universal source control when around others.

   Note: If a resident/patient goes out to the hospital, the facility must have a plan in place to safely accept the resident back when hospital believes resident/patient no longer meets hospitalization criteria.

   Note: Refer to M3's COVID-19 Isolation and Infection Control Strategies for further recommendations.

8. Facility contacts local Emergency Manager regarding critical resource needs such as PPE, supplies, or employees.
9. Public health works with patient and provider to identify employees, patients, vendors that were in close contact with the patient. Provider representative takes directive from public health on delivering communication to at-risk parties if not completed by public health.
   - Identified resident/patient parties follow steps in Scenarios 1 or 2 as applicable.

10. Environmental Services department cleans/sanitizes areas as appropriate per CDC guidelines.
11. Facility representative communicates with company regarding the situation and next step guidance, maintaining confidentiality per directive of public health.

    Note: Facility Recommendations for a positive or symptomatic COVID-19 resident/patient staying in the facility:
    - Isolate resident/patient if able, consider separate wing or designated area.
    - Deliver meals to resident/patient in room or apartment in plastic containers and silverware.
    - Limit employees working with resident/patient (i.e. only have employees work in one building or one wing if able)—continue to screen all employees at beginning of shift.
    - All employees providing care to symptomatic or positive residents should wear all PPE recommended by the CDC.
    - Encourage socialization through phone calls, skype, zoom, emails.
    - Bring independent activities to the resident/patient's room such as: crosswords, trivia, puzzles, Sudoku, music CDs, DVDs, magazines, books and other items the patient is interested in.
    - Encourage resident/patient to consult with their regional Ombudsman for further support if needed.

12. If a resident hospitalization or death in facility occurs due to COVID-19 or other acute respiratory illness, facility notifies DHS within 24 hours of time of death via phone call, fax, or WEDSS report.

    Note: If resident is receiving care outside of a long term care facility at the time of diagnosis, hospitalization or death related to COVID-19, the other provider (i.e.: the hospital, lab, or clinic) may notify DHS. In these cases, facility should ensure who will notify DHS.

SCENARIO 3:

A resident has close contact with someone suspected or confirmed with COVID-19 within 2 days before or 14 days after that person's symptom onset, or is admitted/ re-admitted to the facility with unknown COVID-19 status

1. Facility places resident in private room or separate observation area and monitors for evidence of COVID-19.
   a) Educate and encourage resident to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
   b) If resident leaves room they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
2. If COVID-19 symptoms develop and/ or resident tests positive, follow applicable scenario steps above.
3. Resident is transferred out of the observation area to the main facility or out of quarantine if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected.
4. Staff wear all recommended PPE during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. **Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.**