



COVID-19 LTC Office Hours

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Today's Topics

Review the updates to the CDC COVID-19 Healthcare Infection Prevention and Control Guidance



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Expiration of the COVID-19 PHE

CDC will no longer receive data needed to publish the COVID-19 Community Transmission Levels.

Recommendations have been updated for:

- ❖ Admission testing
- ❖ Broad use of source control



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Expiration of the COVID-19 PHE

Updates for these areas can be found in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

No changes to:

- ❖ [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- ❖ [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)



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Admission Testing

Admission testing will be at the discretion of the facility, as it is for other healthcare settings.



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Source Control

Facilities will be encouraged to look beyond SARS-CoV-2 and make broader masking decisions based on facility-and-patient level characteristics and local metrics that could reflect increasing respiratory virus transmission in the community.



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Source Control

Still recommended for:

- ❖ Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze)
- ❖ Close contact (resident or visitor) or higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure.



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Source Control

Recommended more broadly:

- ❖ By those residing or working on a unit or area of the facility experiencing a COVID or other respiratory infection
- ❖ Facility wide, or based on facility risk assessment, targeted toward higher risk patient populations during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission



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Source Control

Recommended more broadly:

- ❖ By public health authorities (e.g., when COVID-19 hospital admission levels are high)



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Potential Metrics for Broad Use Source Control

- ❖ [COVID-19 Hospital Admission Levels](#)
- ❖ [RESP-NET Interactive Dashboard](#)
- ❖ [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus](#)
- ❖ [ILINet](#)
- ❖ During typical respiratory virus season (~October to April)



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COVID-19 Hospital Admission Levels

Know Your COVID-19 Hospital Admission Level

Take action to protect yourself and others in your area from COVID-19.

People may choose to wear a mask at any time. Masks are recommended in indoor public transportation settings and may be required in other places by local or state authorities.

COVID-19 County Check
Find community levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)
Alabama | Autauga County | Go

< Start Over

Low

In **Autauga County, Alabama**, community level is **Low**.

- Stay up to date with COVID-19 vaccines, including recommended booster doses.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.



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Individual Level Prevention Strategies

When the COVID-19 hospital admission level is **MEDIUM** facilities can consider:

- ❖ Broad use masking for those that are **high risk of getting very sick**

When the COVID-19 hospital admission level is **HIGH** facilities should implement:

- ❖ Facility-wide masking using a high quality mask or respirator



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Community Level Prevention Strategies

When the COVID-19 hospital admission level is **MEDIUM** or **HIGH** facilities can consider:

- ❖ Implementing screening testing



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Outbreak Reporting

Report a COVID-19 outbreak to ADPH via the **Potential Outbreak Submission Form** (POSF) when:

- ❖ ≥1 facility-acquired COVID-19 case in a resident
- ❖ ≥3 suspect, probable, or confirmed COVID-19 cases in HCP with epi-linkage AND no other more likely sources of exposure for at least 1 of the cases



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Outbreak Reporting Examples

- ❖ You have identified a positive employee...you begin outbreak testing and identify a positive resident who would meet the facility-acquired definition. The positive resident would need to be reported as an outbreak.
- ❖ You have identified a positive employee...you begin outbreak testing and identify 2 other employees who worked on the same unit with no other known exposures outside of the facility for at least 1 of the employees. This would need to be reported as an outbreak.



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What Hasn't Changed

- ❖ Outbreak Testing Criteria
- ❖ Establishing a process to identify and manage those with suspected or confirmed COVID-19
- ❖ Isolation and Quarantine (if warranted) time frames
- ❖ Frequency of testing for asymptomatic close contacts
- ❖ COVID-19 PPE recommendations
- ❖ Resident Placement
- ❖ Visitation requirements from CMS
- ❖ Environmental infection control practices



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FAQs

Q: What constitutes an outbreak?

A: The outbreak investigation process has not changed. Facilities should still implement close contact or broad based testing upon the identification of a single case among residents or staff to assess transmission.

Testing results will determine when an outbreak of COVID-19 should be reported to ADPH.



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FAQs

Q: How should facilities implement testing and masking when a case is identified?

A: Close contacts or all individuals on the affected unit should be tested on days 1, 3, and 5, and if additional cases are identified facilities should shift to a broad based approach if not already being performed and continue to test every 3 - 7 days (preferably 3 if antigen test) until no new cases are identified for 14 days.



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FAQs

Q: How should facilities implement testing and masking when a case is identified?

A: If no new cases, close contacts should mask for 10 days after their exposure. If broad based, the conservative approach would be to have individuals mask for 14 days. Facilities will need to make decisions based on the severity of the outbreak.



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FAQs

Q: When is a facility considered NOT in outbreak?

A: No new cases have been identified for 14 days.



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FAQs

Q: Do employees have the right to refuse testing during an outbreak?

A: Consult with your legal counsel. The facility will need a policy to address how this situation would be handled.



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FAQs

Q: If hospital admission levels are high, do we implement masking and eye protection for all HCP as well as COVID PPE during AGPs?

A: Facilities should implement universal use of respirators and eye protection during all patient care encounters when hospital admission levels are high, however it is not recommended to wear COVID-19 PPE for AGPs unless the person is suspected or confirmed to have COVID-19.



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FAQs

Q: If hospital admission levels are high, do visitors also need to mask?

A: Yes. When levels are high, those in the community are recommended to wear a mask, therefore they should also mask when entering your facility.



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FAQs

Q: How often should a facility check COVID-19 hospital admission levels?

A: It would be reasonable to check levels on a weekly basis and use similar benchmarks that have been used in the past to determine when prevention measures can be scaled down or up.



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FAQs

Q: Do facilities continue to complete a COVID-19 LTC Investigation Form for reporting cases that are hospitalized or have died from COVID-19?

A: Yes. ADPH prioritizes investigations for those that are hospitalized or have died from COVID-19.



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FAQs

Q: If we have ≥3 or more suspected, probable, or confirmed COVID-19 cases among HCP with no common exposure within the facility in the past 7 days (i.e. did not work same unit/hall or come within 6 feet for 15 min or greater) do we have to report that to ADPH?

A: Facilities will have to use judgement to determine epi-linkages. If all three employees have no other likely sources outside of the facility, there may be unidentified transmission occurring within the facility and the facility should report the suspected outbreak to ADPH.



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Thank you for joining us today!

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