

Misc for Non-Nursing Homes

[CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
(guidance for Nursing Homes & Long-Term Care Facilities)

[CDC- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

[CDC - Stay Up to Date with Your COVID-19 Vaccines](#)

To view the Community Transmission Levels, go to the CDC COVID-19 Integrated County View site. Click on the link below, enter your state and county.

[CDC COVID Data Tracker: County View – Community Transmission Levels](#)

Topic	Red (High)	Orange (Substantial)	Yellow (Moderate)	Blue (Low)
Considerations for Risk Assessments - In every case, individual facilities need to consider "their" risk assessments. This concept should be applied when reviewing the following information.	<ul style="list-style-type: none"> Community transmission rates Consider the individuals needs and use a person-centered approach Adherence to Infection Prevention Control practices in healthcare setting, in transportation, and in the community Upon identification of an individual with symptoms consistent with COVID-19, or when tests positive for COVID-19, take actions to prevent the transmission of COVID-19 Evaluate residents according to CDC guidance (At least daily) 			
Quarantine/Isolation (applies in most situations)	<ul style="list-style-type: none"> Residents up to date who have had close contact with someone with SARS-CoV-2 infection should wear source control (mask) and be tested Residents up to date and residents with SARS-CoV-2 infection in the last 90 days <u>do not need to be quarantined, unless</u> they develop symptoms of COVID-19 and/or are diagnosed with SARS-CoV-2 infection Residents with suspected or confirmed SARS-CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should, at a minimum, be placed in a single-person room with a dedicated bathroom. The door should be kept closed (if safe to do so) Facilities could consider designating a floor, wing, or a group of rooms at the end of a hall, with dedicated HCP, to care for patients with SARS-CoV-2 infection Regardless of vaccination status or prior infection, any person with new or unexplained symptoms of COVID-19 should be isolated and evaluated for testing 			
New Admissions and Readmissions	<p>Generally residents who leave the facility > 24 hours, should be managed as a new admission or readmission</p> <ul style="list-style-type: none"> Quarantine is no longer recommended for asymptomatic residents who are being admitted to post-acute care facility if they are: up to date, or who have recovered from COVID-19 in the prior 90-days Testing for COVID-19 at the time of hospital discharge is not required for these individuals Residents with suspected or confirmed SARS-CoV-2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should, at a minimum, be placed in a single-person room with a dedicated bathroom. The door should be kept closed (if safe to do so) <ul style="list-style-type: none"> Facilities could consider designating a floor, wing, or a group of rooms at the end of a hall, with dedicated HCP, to care for patients with SARS-CoV-2 infection Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission <ul style="list-style-type: none"> Consult the Infection Preventionist and conduct a Risk Assessment May use enhanced observation with screening & monitored movement in facility as appropriate In general, all residents who are not up to date with all recommended COVID vaccinations, and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission (Refer to testing grid for testing guidance) 			

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Medically and Non-Medically Necessary Trips Outside of the Facility (including therapeutic leave)	<p>***Continue to follow the Core Principles of COVID-19 Infection Prevention and conduct a Risk Assessment***</p> <ul style="list-style-type: none"> • Consult Infection Preventionist • Consider the individual's needs and use a person-centered approach • Overall decisions made collaboratively by the resident, their family/representative, facility's infection preventionist/representative, and the resident's physician • Regular communication between the medical facility and the LTC facility (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 • Residents up to date who have had close contact with someone with SARS-CoV-2 infection should wear source control (mask) and be tested • Residents up to date and residents with SARS-CoV-2 infection who have recovered from COVID-19 in the prior 90-days do not need to be quarantined, unless they develop symptoms of COVID-19 and/or are diagnosed with SARS-CoV-2 infection should wear source control (mask) and be tested <p>Allowed with the following components included:</p> <ul style="list-style-type: none"> • Quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection <ul style="list-style-type: none"> • May use enhanced observation with screening & monitored movement in facility as appropriate • Residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section 			
Dialysis Residents	<ul style="list-style-type: none"> • Do not need to quarantine unless a known outbreak at dialysis center with exposure or following prolonged close contact (<6 feet for a cumulative total of >15 minutes over a 24-hour period) with someone infected with COVID-19 			
Staff/Work Restrictions	<p>Refer to the CDC guidance at:</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</p>			