Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems (BCHS)
Resident-Related Infection Prevention and Control Scenarios
Last Update: 11/10/2020

This document is to assist BCHS staff for resident-related scenarios when a nursing home provider adopts the Centers for Disease Control (CDC) recommendations as part of their infection prevention and control program. This document focuses appropriate action to take based on a resident's risk factor and personal protective equipment (PPE) to use.

CDC Transmission-Based Precautions Designation: The CDC categorizes COVID-19 under general transmission-based precautions but has not designated it as either droplet or airborne transmission-based precautions. The CDC states, "COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus." If CDC changes its guidance, this document will be updated accordingly.

Overview of Applicable Centers for Medicare and Medicaid Services (CMS) Requirements

F880 Infection Prevention and Control Program: A provider's infection prevention and control program must be based on an accepted national standard. The likely national standard to be adopted is the CDC recommendations. Once a provider adopts a national set of standards, these standards are viewed as required, and no longer just recommendations.

F838 Facility Assessment: A provider must perform a community-based risk assessment. Such assessments should address community risks, including diseases such as COVID-19. Where the CDC may not have recommendations on a particular risk or risks, the provider assessment should identify and address such risks. An example would be a resident who is not a new admission or readmission, but frequently leaves the facility for medical reasons (e.g., dialysis, wound clinic). While the CDC may have no specific recommendations, the provider's infection prevention and control program should identify such risk in their assessment and then develop requirements to mitigate any identified risk(s).

Note: A provider may raise standards in their own policy and procedures above CDC recommendations. When this occurs, BCHS will apply the higher standard to determine compliance.

RESIDENT SCENARIO TABLE

Resident Scenarios	Resident Placement	Resident Duration	Resident Release	Staff Precautions
Scenario A1: Resident **confirmed COVID-19 positive** (by viral test: nucleic acid or antigen)	Place in single room or cohort with resident of like diagnosis. Restrict resident to room. Room must be in a clearly marked COVID-19 designated unit or area.	Resident remains until criteria to discontinue transmission-based precautions is met.	Transfer resident from COVID-19 designated unit or area.	Staff must use transmission-based precautions when inside room.
Scenario A2: Resident with **signs and symptoms** of COVID-19 but does not have a positive COVID-19 test result	Place in single room. Restrict resident to room. Room should be in a clearly marked observation unit or area when possible.	Resident remains until criteria to discontinue transmission-based precautions is met.	Transfer resident from observation designated unit or area.	Staff must use transmission-based precautions when inside room.
Scenario B: Resident with **known exposure** that occurred outside the facility to a confirmed COVID-19 positive individual	Place in single room. Restrict resident to room. Room should be in a clearly marked observation unit or area when possible.	Observe for 14 days from date of known exposure to monitor for development of signs and symptoms. If signs and symptoms develop, see Scenario A2 when applicable.	At the end of 14-day observation period, and if resident remained asymptomatic and any test results are negative, remove resident from restrictions and, if applicable, transfer from observation unit or area.	Staff must use transmission-based precautions when inside room.

Scenario C1: Resident(s) with **known exposure** that occurred within the facility to a confirmed COVID-19 positive health care professional (HCP)	Place in single room (preferred) or cohort with resident of like condition if single room is not available. Restrict resident(s) to room. Room(s) should be in a clearly marked observation unit or area when possible. This may include designating the applicable unit(s) as an observation unit or area where the HCP worked.	Observe for 14 days from the HCP infectious period to monitor for development of signs and symptoms. If signs and symptoms develop, see Scenario A2 when applicable.	At the end of 14-day observation period, and if resident has remained asymptomatic and any test results are negative, remove resident from monitoring.	Staff must use transmission-based precautions when inside room.
Scenario C2: Resident with **known exposure** that occurred within the facility to a confirmed COVID-19 roommate(s)	Place in single room (preferred) or cohort with other exposed resident(s) if single room is not available. Restrict resident(s) to room. Room should be in a clearly marked observation unit or area when possible.	Observe for 14 days from last exposure to monitor for development of signs and symptoms. If signs and symptoms develop, see Scenario A2 when applicable.	At the end of 14-day observation period, and if resident remained asymptomatic and any test results are negative, remove resident from restrictions and, if applicable, transfer from observation unit or area.	Staff must use transmission-based precautions when inside room.

Scenario D: Resident is newly admitted or readmitted whose COVID-19 status is **unknown**	Place in single room (preferred) or cohort with resident of like condition if single room is not available. Restrict resident to room. Room should be in a clearly marked observation unit or area when possible.	Observe for 14 days from admit or readmit date to monitor for development of signs and symptoms.	At the end of 14-day observation period, and if resident remained asymptomatic (if tested and results are negative), remove resident from restrictions.	Staff must use transmission-based precautions when inside room.
Scenario E: Resident is not a new or readmission but **frequently leaves** facility (e.g., dialysis, wound clinic, etc.)	No CDC specific recommendation for this category. Follow provider infection prevention and control policies and procedures to mitigate risk. Recommend placing in a single room and, if possible, in an observation unit or area.	Observe for 14 days from date of last visit to monitor for development of signs and symptoms.	At the end of 14-day observation period, and if resident remained asymptomatic (if tested and results are negative), remove resident from any restrictions and, if applicable, transfer from observation unit or area.	Staff must use general infection prevention and control methods. Consider using all recommended PPE for resident care activities.
Scenario F: Resident is not a new or readmission but **infrequently leaves** the facility (e.g., one-time appointments)	No CDC specific recommendation for this category. Follow provider infection prevention and control policies and procedures to mitigate risk.	Observe for 14 days from date of last visit to monitor for development of signs and symptoms.	At the end of 14-day observation period, and if resident remained asymptomatic (if tested and results are negative), remove resident from any restrictions.	Staff must use general infection prevention and control methods.

TERMS

Cohort means the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents. During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission. CMS Appendix PP, F-880.

Known exposure means an individual that was within 6 feet for a total of 15 minutes or longer with another individual with confirmed SARS-CoV-2 infection, regardless of whether the individual has symptoms.

HEALTH CARE PROFESSIONALS (HCPS) AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

For scenarios A through D, HCPs must use transmission-based precautions for care activities until the resident meets criteria to discontinue transmission-based precautions (e.g., N95 respirator; surgical facemask when respirator not available; clean, non-sterile, long-sleeve gown; gloves; eye protection (goggles or facial shield)).

Note: When available, respirators such as an N95, instead of surgical facemasks, are preferred.

Respirators should be prioritized for situations where respiratory protection is most important, including **aerosol generating procedures** and pathogens that require Airborne Precautions (e.g., tuberculosis, measles, varicella). When respirator supplies are limited, the provider must document how supplies are prioritized and steps being taken to assure future adequate supplies, such as executed purchase orders, shipment dates, contact to health care coalition, etc.

CDC recommends that health care professionals use a fitted respirator mask (N95 respirator, FFP2 or equivalent) as opposed to surgical/medical facemasks when performing **aerosol generating procedures** such as endotracheal intubation, bronchoscopy, non-invasive ventilation, tracheotomy, manual ventilation before intubation, cardiopulmonary resuscitation, and sputum induction.

During periods of limited supply, nursing homes should consider CDC strategies to optimize the use of personal protective equipment. Note: BCHS staff should default to provider on when there are limited supplies unless there is evidence otherwise and documented.

HCP may utilize extended use of PPE for residents within a cohort as described in the PPE optimization guidance above. However, HCP should remove and replace PPE that is reasonably considered to be soiled or when moving from one cohort to another cohort of residents.

For Scenario E and F below, nursing homes must assess and mitigate risks as required by the CMS requirements.

SOURCE CONTROL MEASURES

- Residents: Face covering or facemask (if tolerated) that covers the resident's nose and mouth must be worn by a resident in transmission-based precaution whenever a resident leaves their room, including for procedures, treatments, or appointments outside the facility.

  Cloth face covering or facemask (if tolerated) that covers the resident's nose and mouth should be worn by all other residents not in transmission-based precautions whenever they leave their room, including for procedures, treatments, or appointments outside the facility.

  Face coverings should not be placed on a resident that has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

- Visitors: When permitted into a nursing home, a visitor should wear at least a cloth face covering or facemask that covers the visitor's nose and mouth while in the facility.

- PPE: Nursing homes must follow CDC guidance on transmission-based precaution: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

OTHER IMPORTANT NOTES

- Local health departments are independent agencies. Clarification above pertains only to LARA-BCHS oversight.

- BCHS recognizes that infection prevention and control measures may be difficult to enforce in memory care or dementia care units. The importance of social distancing practices, hand hygiene, and environmental cleaning should have greater emphasis as appropriate facial coverings for residents may be difficult to enforce.

    - CDC resource on infection prevention and control in memory care unit:
        - https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html
        - Scroll to “Infection Prevention & Control Guidance for Memory Care Units”