

COVID-19, Influenza, and Norovirus Infection Control Recommendations for LTCFs

Disease	PPE	Resident Isolation & Placement	Work Exclusion for Infected or Ill Staff	Testing following Exposure for Asymptomatic Individuals
COVID-19	Standard precautions and full PPE to include gown, gloves, N95 or higher-level respirator, and goggles or face shield	<p>Confirmed SARS-CoV-2 infection regardless of vaccination status</p> <ul style="list-style-type: none"> • 10 days* from symptom onset date or test date if asymptomatic for residents with mild to moderate illness who are not moderately to severely immunocompromised • At least 10 days* and up to 20 days* from symptom onset date for residents with severe or critical illness who are not moderately to severely immunocompromised • For residents who are moderately to severely immunocompromised, refer to the Managing Individuals with an Exposure/Duration of Empiric Transmission-Based Precautions section (p. 53) in the COVID-19 Infection Control and Outbreak Response Toolkit for Long-Term Care for detailed information which is supported by PA-HAN-694 • Residents should isolate in a private room or cohort with others who are infected with the same organism if a private room is not available <ul style="list-style-type: none"> ○ If SARS-CoV-2 infection is suspected, residents should isolate in place using the same precautions until testing confirms infection <p>*Consider day of symptom onset (or first positive test if asymptomatic) as day 0</p>	<p>Conventional, regardless of vaccination status for staff who are not moderately to severely immunocompromised</p> <ul style="list-style-type: none"> • HCP with mild to moderate illness (with improving symptoms) can return to work if at least 7 days* have passed since symptom onset or test date if asymptomatic AND a negative antigen** or NAAT (molecular) is obtained within 48 hours prior to returning to work <u>OR</u> 10 days have passed if testing is not performed or HCP tests positive on days 5-7 **If using an antigen test, a negative test should be obtained on day 5 and again 48 hours later <p>Contingency, regardless of vaccination status for staff who are not moderately to severely immunocompromised</p> <ul style="list-style-type: none"> • 5 days* with or without a negative test, if asymptomatic or mild to moderate illness (with improving symptoms) <p>Crisis, regardless of vaccination status for staff who are not moderately to severely immunocompromised</p> <ul style="list-style-type: none"> • None <p>*Consider day of symptom onset (or first positive test if asymptomatic) as day 0</p>	<p>Residents and Staff</p> <ul style="list-style-type: none"> • No quarantine • Source control should be worn through 10 days following the last known exposure • Monitor for symptoms • Testing (see below) <p>• Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test</p> <ul style="list-style-type: none"> ○ This will typically be on days 1*, 3, and 5 ○ Work exclusion is not needed while awaiting test results ○ Positive COVID-19 viral test <u>within previous 30 days</u>: testing not recommended ○ Positive COVID-19 viral test <u>within previous 31-90 days</u>: antigen test recommended ○ Positive COVID-19 viral test <u>more than 90 days ago</u> or no <u>previous COVID-19 viral test</u>, antigen or PCR test recommended <p>*Consider day of last exposure as day 0</p>
Influenza	Standard and droplet precautions	<p>Suspected or confirmed influenza</p> <ul style="list-style-type: none"> • 7 days after illness onset or until 24 hours after the resolution of fever (≥ 100 °F) and respiratory symptoms, whichever is longer • Residents should isolate in a private room or cohort with others who are infected with the same organism if a private room is not available 	<p>Staff with fever (≥ 100 °F):</p> <ul style="list-style-type: none"> • At least 24 hours after the resolution of fever (without use of fever reducing medications) <p>Staff symptomatic, no fever (< 100 °F):</p> <ul style="list-style-type: none"> • Be considered for evaluation by occupational health to determine appropriateness of contact with residents • Wear a mask while providing patient care if symptoms like cough and sneezing are still present • Allowed continue or return to work unless caring for patients who are immunocompromised • For staff working with patients who are immunocompromised, consider temporary reassignment or work exclusion for 7 days from symptom onset or until resolution of all non-cough symptoms, whichever is longer 	<p>Residents and staff</p> <ul style="list-style-type: none"> • None

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<p>Norovirus</p>	<p>Standard and contact precautions</p>	<p>Suspected and confirmed norovirus</p> <ul style="list-style-type: none"> • At least 48 hours after resolution of symptoms • Residents should isolate in a private room or cohort with others who are infected with the same organism if a private room is not available 	<p>Minimum of 48 hours after the resolution of symptoms</p>	<p>Residents and staff</p> <ul style="list-style-type: none"> • None
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More information about COVID-19, influenza, and norovirus for LTCFs can be found at the following links:
 COVID-19- [COVID-19 LTC Toolkit.pdf \(pa.gov\)](#) COVID-19 PA-HANs- [661](#), [662](#), [694](#), [700](#), [701](#) Influenza- [Flu_LTCF toolkit.pdf \(pa.gov\)](#) Norovirus- [Norovirus Toolkit.pdf \(pa.gov\)](#) Type and Duration of Precautions Recommended for Selected Infections and Conditions [CDC Isolation Precautions Appendix A](#)