

Omicron Surge Response:

Information for Long-Term Care Facilities

Released January 2022

This document was created to help provide the general public with updated information regarding long-term care facilities and the ongoing Omicron surge response in Ohio. Given the ongoing nature of the pandemic, this document may be updated from time-to-time as strategies and processes evolve. This document is not intended to be inclusive of all information or resources. Additionally, this document does not supersede any current rules, laws, or regulations. Specific questions about the applicability and implementation of this information must be referred to facility clinical and legal staff.

Recent Quarantine and Isolation Guidance

The Centers for Disease Control and Prevention (CDC) continue to update its quarantine and isolation recommendations for the general public. The most recent updates can be found on CDC's [Quarantine and Isolation](#) web page. Background information about the change is detailed on the [What We Know About Quarantine and Isolation](#) page.

The new guidance is intended for the general public. It is **not applicable** for individuals who are unable to wear masks or residents of **congregate settings**, such as nursing homes or assisted-living facilities due to the high risk of secondary transmission.

Updated Guidance for Healthcare Personnel

For updated recommendations for healthcare workers, including clinical staff of nursing and assisted living facilities, please refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). The infectious period and incubation period for SARS-CoV-2, (the virus that causes COVID-19), has not been updated. For specific questions related to application of this new guidance or individual scenarios, please reach out to the Ohio Department of Health Bureau of Infectious Diseases team at ORBIT@odh.ohio.gov or **614-995-5599**.

The CDC is expected to release further guidance pertaining to isolation and quarantine for healthcare workers in the near future. This document will be updated as new information becomes available.



Does Your Facility Need Extra Support? Call R³AP.

To continue the protection of residents and staff, the Ohio Department of Health, in collaboration with the Ohio Department of Aging, will provide services to long-term care facilities in the form of testing support, access to vaccine, and assistance with therapeutics such as monoclonal antibody treatments.

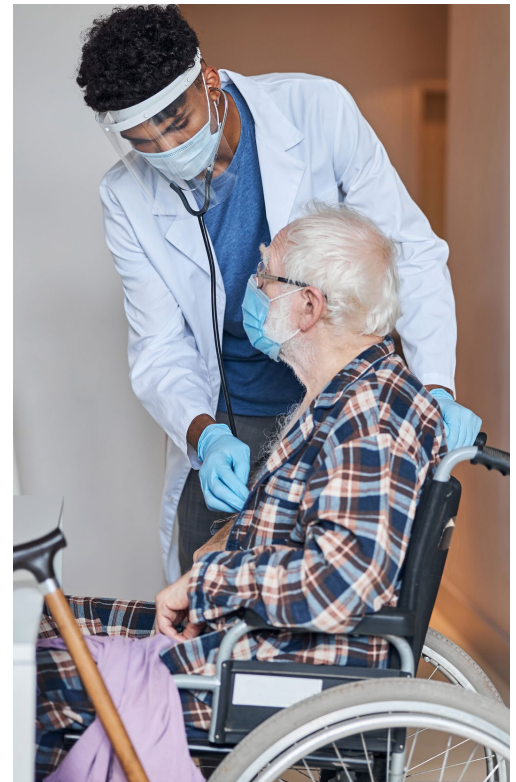
The Regional Rapid Response Assistance Program (R³AP) is available around the clock to help facilities manage the challenges presented by this latest COVID-19 surge. The R³AP team of experts are available to facilities in times of outbreak, and whenever a facility would like consultation on best practices and support. R³AP can serve as a second opinion on key health and safety considerations for participants, residents, and staff within long-term care settings.

To learn more, the R³AP call center can be reached at **855-732-7632**.

Work Restrictions for Healthcare Personnel

Key points to consider when determining quarantine and isolation periods for healthcare personnel (HCP):

- Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare workers and for safe resident care.
- Maximizing interventions to protect healthcare workers, residents, and visitors is critical at all times, including when considering strategies to address staffing shortages.
- Limiting resident exposure to COVID-19-positive staff is critical. Consider the risk of COVID-19 spread when assigning workers to the care of residents and use appropriate personal protective equipment (PPE).
- Applying CDC's mitigation strategies that offer a continuum of options for staffing shortages. Contingency strategies, followed by crisis capacity plans, augment conventional operations and are meant to be considered and implemented sequentially (i.e., implementing contingency strategies before crisis strategies).



Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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cdc.gov/coronavirus

SOURCE: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) | CDC

Health Care Personnel SCENARIOS

Conventional, Contingency, and Crisis Situations



Using CDC guidance (see “Work Restrictions for HCP with SARS-CoV-2 Infection and Exposures” on page two), the following scenarios are based on health care personnel with either a positive test or level of exposure on January 1.

EXPOSURES CONSIDERATION:

- HCP with suspected SAR-CoV-2 infection should be prioritized for testing, as testing results will impact when they may return to work and for whom they can provide care.
- HCP tested and infected with COVID-19 should ideally be excluded from work until meeting all return to work criteria.
- Exposed HCP should still report temperature and absence of symptoms each day before starting work.
- Exposed HCP should use a respirator or well-fitting face mask at all times in the facility.
- If the exposed HCP develops even mild symptoms consistent with COVID-19, the HCP should either not report to work, or stop working and notify a supervisor or occupational health services prior to leaving work. Such individuals should be prioritized for testing.
- The CDC guidance details considerations regarding what constitutes a **direct contact** in the healthcare setting. Please refer to this [information](#) for more details.

[SCENARIO #1]

HCP TESTED POSITIVE FOR COVID-19

HCP SCENARIO

TESTED POSITIVE for COVID-19 on January 1.

HCP STATUS

- Test positive for COVID-19
- Asymptomatic, or mildly symptomatic with improving symptoms
- Boosted, vaccinated, or unvaccinated OR within 90 days of prior infection AND not moderately to severely immunocompromised

HCP RETURN TO WORK

Earliest date(s) HCP can return to work in a facility staffed in a conventional, contingency, or crisis model.

CONVENTIONAL

- Day 8 with negative test.
- Day 11 without test.

CONTINGENCY

- Day 6 with or without test.

CRISIS

- No work restrictions.
- Consider prioritizing based on degree of symptoms.

CONVENTIONAL						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						JANUARY 1 Day 0
JANUARY 2 Day 1	JANUARY 3 Day 2	JANUARY 4 Day 3	JANUARY 5 Day 4	JANUARY 6 Day 5	JANUARY 7 Day 6	JANUARY 8 Day 7 Last day of work restrictions with negative test back 48 hours prior to returning to work.
JANUARY 9 Day 8 First day HCP may return to work with negative test.	JANUARY 10 Day 9	JANUARY 11 Day 10 Last day of work restrictions without negative test.	JANUARY 12 Day 11 First day HCP may return to work without test.	JANUARY 13 Day 12	JANUARY 14 Day 13	JANUARY 15 Day 14

CONTINGENCY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						JANUARY 1 Day 0
JANUARY 2 Day 1	JANUARY 3 Day 2	JANUARY 4 Day 3	JANUARY 5 Day 4	JANUARY 6 Day 5 Last day of work restrictions with or without negative test.	JANUARY 7 Day 6 First day HCP may return to work with or without negative test.	JANUARY 8 Day 7
JANUARY 9 Day 8	JANUARY 10 Day 9	JANUARY 11 Day 10	JANUARY 12 Day 11	JANUARY 13 Day 12	JANUARY 14 Day 13	JANUARY 15 Day 14

CRISIS
There are NO work restrictions with prioritization considerations (e.g., asymptomatic, mildly symptomatic).

[SCENARIO #2]

BOOSTED HCP WITH EXPOSURE TO COVID-19

HCP SCENARIO

DIRECT CONTACT* on January 1 with no further exposure.

HCP STATUS

- Asymptomatic
- Boosted

HCP RETURN TO WORK

Earliest date(s) HCP can return to work in a facility staffed in a conventional, contingency, or crisis model.

CONVENTIONAL

- No work restrictions with negative tests on Day 2 AND Days 5-7.

CONTINGENCY

- No work restrictions.
- Test if possible.

CRISIS

- No work restrictions.
- Test if possible.

CONVENTIONAL						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						JANUARY 1 Day 0
JANUARY 2 Day 1	JANUARY 3 Day 2 No work restrictions with negative test on day 2.	JANUARY 4 Day 3	JANUARY 5 Day 4	JANUARY 6 Day 5 No work restrictions with negative test on days 5-7.	JANUARY 7 Day 6	JANUARY 8 Day 7
JANUARY 9 Day 8	JANUARY 10 Day 9	JANUARY 11 Day 10	JANUARY 12 Day 11	JANUARY 13 Day 12	JANUARY 14 Day 13	JANUARY 15 Day 14

CONTINGENCY						
There are NO work restrictions. Test if possible.						
CRISIS						
There are NO work restrictions. Test if possible.						

*For this guidance “direct contact” is defined as: a) being within 6 feet of a person with confirmed SARS-CoV-2 infection or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation. When direct contact occurs, factors that can reduce risk for transmission include, but are not limited to: correct use of personal protective equipment (PPE) by HCP, use of well-fitting source control by the individual with SARS-CoV-2 infection, whether the HCP and/or the individual with SARS-CoV-2 infection have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC. All these factors should be considered when evaluating an exposure.

Higher-risk exposures generally involve exposure of HCP eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure. Other exposures classified as lower-risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth. The specific factors associated with these exposures should be evaluated on a case-by-case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial. Exposures that might require testing and/or restriction from work can occur both while at work and in the community.

FOR MORE INFORMATION: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

3

[SCENARIO #3]

VACCINATED OR UNVACCINATED HCP WITH EXPOSURE TO COVID-19

HCP SCENARIO

EXPOSURE to COVID-19 on January 1 with no further exposure.

HCP STATUS

- Asymptomatic
- Fully vaccinated OR,
- Unvaccinated OR,
- Within 90 days of infection
- Not boosted

HCP RETURN TO WORK

Earliest date(s) HCP can return to work in a facility staffed in a conventional, contingency, or crisis model.

CONVENTIONAL

- Day 8 with negative test.
- Day 11 without test.

CONTINGENCY

- No work restrictions with negative tests on Days 1, 2, 3, AND Days 5–7.

CRISIS

- No work restrictions.
- Test if possible.

CONVENTIONAL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						JANUARY 1 Day 0
JANUARY 2 Day 1	JANUARY 3 Day 2	JANUARY 4 Day 3	JANUARY 5 Day 4	JANUARY 6 Day 5	JANUARY 7 Day 6	JANUARY 8 Day 7 Last day of work restrictions with negative test back 48 hours prior to returning to work.
JANUARY 9 Day 8 First day HCP may return to work with negative test.	JANUARY 10 Day 9	JANUARY 11 Day 10 Last day of work restrictions without negative test.	JANUARY 12 Day 11 First day HCP may return to work without test.	JANUARY 13 Day 12	JANUARY 14 Day 13	JANUARY 15 Day 14

CONTINGENCY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						JANUARY 1 Day 0
JANUARY 2 Day 1 No work restrictions with negative test on day 1.	JANUARY 3 Day 2 No work restrictions with negative test on day 2.	JANUARY 4 Day 3 No work restrictions with negative test on day 3.	JANUARY 5 Day 4	JANUARY 6 Day 5 No work restrictions with negative test on days 5-7.	JANUARY 7 Day 6	JANUARY 8 Day 7
JANUARY 9 Day 8	JANUARY 10 Day 9	JANUARY 11 Day 10	JANUARY 12 Day 11	JANUARY 13 Day 12	JANUARY 14 Day 13	JANUARY 15 Day 14

CRISIS

There are NO work restrictions. Test if possible.

Frequently Asked Questions

Q: The Ohio Department of Health announced on December 30, 2021 that the state will be aligning with the CDC's direction on reduced isolation and quarantine. Does this apply to nursing home residents?

A: The updated guidance is indicated for the general public and HCP only. Other populations, such as residents of skilled nursing facilities (SNFs) are not included in the new guidance and should continue following previous protocols. SNFs governed by Centers for Medicare & Medicaid Services should follow [QSO-20-38-NH](#) and [QSO-20-39-NH](#).

Q: Please provide the reference for this statement from the [ODH press release](#) announcing the alignment with CDC guidance: "Evidence shows that the majority of COVID-19 transmission occurs early in the course of illness, generally in the 1-2 days prior to symptom onset, and in the 2-3 days after symptoms begin."

A: The reference for this statement is the CDC. [Background information](#) on the new guidance was released by CDC on January 4, 2022.





Department of Aging
Department of Health

coronavirus.ohio.gov