

Responding to SARS-CoV-2 Infections in Acute Care Facilities

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Identification of a new SARS-CoV-2 infection in healthcare personnel (HCP)*, or in a patient not in Transmission-Based Precautions, places others at risk for hospital-associated transmission. Detection of a single such infection should prompt further investigation and actions to mitigate risk to other HCP and patients. The purpose of this document is to assist acute care facilities with responding when hospital-associated transmission of SARS-CoV-2 is suspected.

Identifying hospital-associated transmission of SARS-CoV-2

Although it can be challenging to identify hospital-associated transmission because of the incubation period and potential for asymptomatic infections, at a minimum, hospital-associated transmission should be considered when any of the following occur:

- Onset of SARS-CoV-2 infection in an inpatient occurring more than 14 days after admission; of note, a shorter period (e.g., ≥ 2 days) could still indicate hospital-associated transmission.
- Two or more SARS-CoV-2 infections identified among epidemiologically linked HCP or patients (e.g., those working or residing on the same unit).

Hospital-associated transmission of SARS-CoV-2 fulfills the Georgia Department of Public Health (DPH) definition of a COVID-19 outbreak and should be reported to the District Epidemiology office where the facility is located: <https://dph.georgia.gov/epidemiology/disease-reporting>.

Information to gather upon identification of healthcare personnel or a patient with a new SARS-CoV-2 infection

Identification of an HCP or patient with a new SARS-CoV-2 infection should prompt further investigation to determine if others in the facility could have been exposed. Information to gather regarding infected HCP and/or patients could include: date of COVID-19 symptom onset (if applicable); vaccination status; date of first positive SARS-CoV-2 viral test; names of exposed patients, HCP, and/or visitors†; information on potential source(s) of infection.

- Additional information to gather regarding infected HCP could include:
 - Dates and times the HCP worked while potentially infectious
 - Areas where the HCP worked while potentially infectious
- Additional information to gather regarding an infected patient could include:
 - Date of admission or date of outpatient encounter
 - Source of admission (e.g., home, nursing home)
 - Date(s) when Transmission-Based Precautions for SARS-CoV-2 were implemented and maintained
 - Where the patient had been in the facility while potentially infectious and not on Transmission-Based Precautions

Managing exposed healthcare personnel and patients

Both HCP and patients, if infected with SARS-CoV-2, have the potential to expose many individuals at higher risk for severe disease and can be at higher risk for severe disease themselves. HCP and patients should be notified about their exposure. Patients currently admitted to the facility or transferred to

another healthcare facility should be prioritized for notification. Information about exposed visitors can be provided to the District Epidemiology office where the facility is located for assistance with notifications, assessments, and follow-up.

- Exposed, unvaccinated HCP should be restricted from work for 14 days[‡] after their last exposure, according to DPH and CDC guidance:
<https://dph.georgia.gov/document/document/dph-return-work-guidance/download>,
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- Fully vaccinated HCP who are asymptomatic and asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days generally do not need to be restricted from work unless they develop symptoms or test positive for SARS-CoV-2:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- Exposed patients who are unvaccinated or have not had SARS-CoV-2 infection in the prior 90 days should be quarantined for 14 days[‡] after their last exposure.
 - Hospitalized patients should be placed in a single patient room and managed with Transmission-Based Precautions.
 - Patients should not be transferred to a COVID-19 unit unless they are confirmed to have SARS-CoV-2 infection.
 - Patients should be monitored at least daily for signs and symptoms of COVID-19 and tested if they develop signs or symptoms consistent with COVID-19.
 - Patients who are being discharged or transferred to another healthcare facility should remain in home quarantine or in appropriate Transmission-Based Precautions.

Testing for SARS- CoV-2 in asymptomatic exposed healthcare personnel and patients

Asymptomatic HCP with higher-risk exposures and patients with prolonged close contact should be tested immediately (but not earlier than 2 days after the exposure) once they are identified as a contact and, if negative, tested again about 5-7 days after their last exposure, regardless of vaccination status. Individuals with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, including those with a known contact. Additional guidance on testing can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>.

Recommended infection prevention and control actions to consider when hospital-associated transmission of SARS-CoV-2 is suspected

- Conduct an infection prevention and control (IPC) assessment of affected units or departments to identify gaps that require mitigation.
- Notify facility leadership.
- Report to the DPH District Epidemiology office where the facility is located:
<https://dph.georgia.gov/epidemiology/disease-reporting>.
- Consider temporarily halting admissions or non-essential services (e.g., elective procedures, non-urgent admission) in affected units and departments until the extent of transmission can be determined, prevention measures have been evaluated for adequacy, and lapses have been mitigated.
- Restrict the use of areas in the facility where HCP or patients may gather (e.g., cafeteria, break rooms, and waiting areas).

- Expand the use of Transmission-Based Precautions to other patients who were not known to be exposed but may be at risk for transmission. This could include patients in the same area or on the same service (e.g., shared HCP with infected patients), or all patients on units or departments with suspected hospital-associated transmission, until there are no new cases for 14 days.
- Factors to consider when deciding to resume admissions or non-essential services include decreasing transmission in the facility, mitigation of identified IPC gaps, impact on the community, and resolution of staffing shortages.

Expanded testing of healthcare personnel and patients when hospital-associated transmission of SARS-CoV-2 is suspected

Consider expanded testing of HCP and patients as determined by the distribution and numbers of cases throughout the facility.

- Depending on testing resources available or the likelihood of hospital-associated transmission, facilities may elect to initially expand testing only to HCP and patients on the affected units or departments, as opposed to the entire facility. If an expanded testing approach is taken and testing identifies additional infections, testing should be expanded even more broadly.
- If possible, repeat testing every 3-7 days until no new cases are identified for at least 14 days.
- Fully vaccinated HCP may be exempt from expanded screening testing; however, fully vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure, or is working in a facility experiencing an outbreak.

**Healthcare personnel (HCP) refers to persons directly involved in patient care and includes, but is not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees. For this guidance, HCP does not include clerical, administrative, billing, laundry, security, engineering and facilities management, or clinical laboratory personnel.*

†Although HCP or patients may be in close contact with an infectious individual for enough time to be considered exposed, the risk for transmission is also influenced by the nature of the interaction and the presence or absence of mitigating factors. The process for assessing risk to exposed HCP and patients can be found here:

<https://dph.georgia.gov/document/document/covid19caseinvestigationandcontacttracinginhealthcarefacilitiesfinalpdf/download>, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

‡Given the need for often extensive and close contact between patients and HCP, a 14-day quarantine period continues to be recommended for patients receiving healthcare to maximally reduce post-quarantine transmission risk and is the strategy with the greatest collective experience at present. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>)