



## COVID-19 mitigation and outbreak guidance

# Nursing facilities and intermediate care facilities

**What's new:** The Colorado Board of Health approved updates to the Chapter 2 general licensure standards at the April 2023 meeting. Updates include new infection prevention requirements for health care facilities that became effective June 14, 2023. This guidance document has been updated to reflect those changes.

### Scope

The purpose of this document is to provide nursing facilities and intermediate care facilities for people with intellectual and developmental disabilities licensed and/or certified by the Colorado Department of Public Health and Environment (CDPHE) with recommendations to prevent and control the transmission of COVID-19 within the facility. Facilities are required to follow this guidance as outlined in [6 CCR 1011-1, Chapter 2](#), General Licensure Standards updated June 14, 2023.

Nursing homes and intermediate care facilities are licensed by CDPHE. Most of these facilities are also federally certified by the Centers for Medicare and Medicaid Services (CMS). **In the limited instances described below where state and federal guidance do not align, federally certified facilities are required to follow the more conservative guidance.**

**Nursing facilities and intermediate care facilities must follow:**

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

CDC updated their interim guidance based on currently available information about COVID-19 and the current situation in the United States. They made updates to reflect the [high levels of vaccine- and infection-induced immunity and the availability of effective treatments and prevention tools](#). The guidance provides a framework for facilities to implement select infection prevention and control practices (e.g., universal source control) based on their individual circumstances (e.g., hospital admission data, incidence of respiratory diseases).

The guidance is applicable to all U.S. settings where health care is delivered (including nursing homes and intermediate care facilities). Visit CDC's [main landing page](#) for COVID-19

content to navigate to information regarding modes of transmission, clinical management, laboratory settings, COVID-19 vaccines, and CDC guidance on other COVID-19-related topics.

## CDPHE-specific requirements

As outlined in CDC's guidance, facilities should assign at least one person with training in infection prevention control (IPC) to provide on-site management of infection prevention and control activities within the facility. For questions about IPC training, email: [cdphe\\_project\\_firstline@state.co.us](mailto:cdphe_project_firstline@state.co.us).

## IPC responsibilities

People responsible for the IPC Program in the facility must complete CDC's online training modules or complete/have documentation of other comparable infection prevention training education.

**Acceptable programs and certifications include:**

- CDC's Nursing Home Infection Preventionist Training Course.
- American Health Care Association's Infection Preventionist Specialized Training.
- APIC's Long-Term Care Infection Preventionist Essentials Training.
- CIC, LTC-CIP, or a-IPC certification.

**The facility IPC is responsible for the following:**

- Remaining well-informed of current infection prevention requirements by:
  - Staying up to date with infection prevention related threats impacting the community.
  - Attending CDPHE technical assistance webinars.
  - Subscribing to and reviewing the RCF infection prevention newsletter.
  - Reviewing the [Colorado Health Facilities Interactive](#) (COHFI) messages from CDPHE.
  - Registering to receive [HAN notifications from CDPHE](#).
- Contacting public health to notify of [reportable conditions](#) and/or outbreaks in their facility.
- Ensuring the facility is following current COVID-19 prevention and response recommendations.
- Having the ability to access lab testing data.
- Ensuring that the facility is maintaining adequate supplies of alcohol-based hand sanitizer, personal protective equipment (PPE), and EPA approved hospital-grade disinfectants.
- Ensuring staff and visitors are aware of and following current COVID-19 infection prevention and response guidance.
- Ensuring that the facility is following federal guidance to maintain a [respiratory protection program](#) that is in compliance with the Occupational Safety and Health Administration (OSHA) respiratory protection standard ([29 CFR 1910.134](#)).

- CDPHE respiratory protection toolkits are available on [CDPHE's respiratory protection program webpage](#) to help with plan development.
- For questions about respiratory protection program development or IPC training, email [cdphe\\_project\\_firstline@state.co.us](mailto:cdphe_project_firstline@state.co.us).

## Vaccination and treatment

[Getting all recommended doses of COVID-19 vaccine](#) is critical to protect both staff and residents against SARS-CoV-2 infection. Current COVID-19 vaccine recommendations are available in CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines](#). Each facility should establish and maintain a COVID-19 mitigation, vaccine, and treatment plan that promotes vaccine confidence and acceptance. Facilities should continue to offer vaccinations and [access to treatments](#) to all consenting staff and residents. CDPHE's [vaccine clinic toolkit for long-term care facilities](#) provides resources, including vaccination guidance, vaccination safety monitoring and reporting, and links to printable materials.

After COVID-19 vaccination, employees and residents might have some side effects. It is normal for these to occur. Common side effects include pain, redness, and swelling in the arm where they received the vaccination, as well as fever, chills, tiredness, headache, nausea, and muscle pain. To minimize the effect of post-vaccination signs and symptoms on employees and the workplace, consult the following [CDC resource](#).

## Vaccination clinics

As FDA authorizes and CDC recommends follow-up doses of COVID-19 vaccines, facilities should evaluate vaccination status among their residents and staff. Facilities should provide messaging to residents, resident decision-makers, and staff alerting them of updated recommendations and the importance of receiving clinically recommended doses.

- Facilities should make COVID-19 vaccines available to staff and residents inside their facility within 60 days of any update to CDC's vaccine recommendations. CDPHE can assist with vaccination clinics for facilities that need it but encourages all facilities to develop plans with community partners and document that information for future reference.

## Therapeutic treatments

COVID-19 treatments are authorized or approved for treatment of residents who are diagnosed with COVID-19 and have a high risk of progression of disease, but are not yet ill enough to require hospital admission. Both vaccinated and unvaccinated people should be evaluated for treatment immediately after diagnosis. Treatment with antivirals has the potential to alleviate symptoms and limit progression to severe disease in residents with mild to moderate COVID-19.

A health care provider should:

- Evaluate all residents who have COVID-19 and are not hospitalized to determine if they are eligible for COVID-19 treatment.
- Be consulted within 24 hours after a positive test result is received, as there is only a short window to initiate treatment after the onset of symptoms.

Residents who are up to date with all recommended COVID-19 vaccine doses and are diagnosed with COVID-19 are eligible for treatment, in addition to those who are unvaccinated or not up to date.

For more information about COVID-19 treatments, consult the [NIH Treatment Guidelines](#). For more information on COVID-19 treatments and information on supplies in Colorado, consult the [CDPHE COVID-19 Treatments webpage](#) and the [Outpatient COVID-19 Treatments for Long-Term Care facilities webpage](#).

## Outbreak case definition

- One or more facility-acquired COVID-19 probable or confirmed cases in a resident.  
OR
- Three or more suspect, probable, or confirmed COVID-19 cases in HCP/facility staff with epi-linkage AND no other more likely source of exposure for at least one of the cases.

A **facility-acquired COVID-19 infection** in a long-term resident refers to a SARS-CoV-2 infection that originated in the facility. It does not refer to the following:

- Residents who were known to have SARS-CoV-2 infection on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions (quarantine) on admission and developed SARS-CoV-2 infection while in quarantine.

## Case definitions

### Confirmed

- Case who has a positive molecular amplification test (such as PCR, rapid molecular/NAAT, etc) from a clinical respiratory specimen or a post-mortem specimen, performed by a CLIA-certified provider, OR
- Case who has SARS-CoV-2 detected by genomic sequencing.

## Probable

- Case who has tested positive using an antigen test in a clinical specimen or post-mortem obtained respiratory specimen performed by a CLIA-certified provider, with report date on or after Sept. 1, 2021.

## Suspect

Someone with no recent prior history of being a confirmed or probable case who has:

- Tested positive for specific antigen by immunocytochemistry in an autopsy specimen.
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death with no confirmatory or presumptive laboratory testing performed for COVID-19.
- Tested positive for specific antigen using a test performed without CLIA oversight.

## How to determine epi-linkage

### Epi-linkage among HCP/facility staff

- Defined as having the potential to have been within six feet for 15 minutes or longer while working in the facility during the seven days prior to the onset of symptoms. For example, HCP/staff worked on the same unit during the same shift, and no more likely sources of exposure were identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility.

### Epi-linkage among residents

- Defined as overlap on the same unit or ward or having potential to have been cared for by common HCP/Staff within a seven-day time period of each other (e.g. roommate, residents that shared a table for a meal, shared a ride in a vehicle, cared for by the same CNA during the same shift).

## Outbreak reporting

Facilities must notify public health of known or suspected outbreaks of COVID-19.

- Complete the [online Outbreak Report Form](#)  
OR
- Call CDPHE to report by phone 303-692-2700 (8:30 a.m. - 5 p.m., Monday - Friday) or 303-370-9395 (after hours, holidays, and weekends).

- The facility must collect and document information for each ill resident and/or staff member including: names, dates of birth, symptoms, testing, and vaccination information for all ill residents and staff.
  - Use the [Long Term Care Line List](#).
  - Update the line list weekly until the outbreak has resolved.
  - Send completed line lists to CDPHE each Tuesday via secure email: [cdphe\\_covid\\_infection\\_prevention@state.co.us](mailto:cdphe_covid_infection_prevention@state.co.us).

## Notify health care personnel, residents, and their representatives about outbreaks

- Notify health care personnel, residents, and their representatives [promptly about identification of SARS-CoV-2 in the facility](#) and maintain communication with ongoing, frequent situational updates and facility actions.

## Resources

- Visit CDPHE's LTC COVID [webpage to access CDPHE specific residential care resources](#).
- Facility staff can subscribe to our residential and long-term care email list after completing this [form](#).
- To request infection prevention assistance for training or outbreak response, email [cdphe\\_covid\\_infection\\_prevention@state.co.us](mailto:cdphe_covid_infection_prevention@state.co.us).
- When influenza and COVID-19 are co-circulating: [Flu information for providers](#)
- [CDPHE Respiratory outbreak notification signage](#)
- [CDPHE respiratory protection program webpage](#)
- [CDPHE's COVID-19 therapeutic treatment webpage](#)
- [CDC's Interim Clinical Considerations for COVID-19 Treatment in Outpatients](#)
- [CDPHE Infection risk assessment and infection prevention annual plan](#)