



# GUIDANCE TO PROTECT RESIDENTS OF LONG-TERM CARE FACILITIES

## Quarantine and Testing Protocols

[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

April 2, 2021

(Revised October 07, 2021)

This document is to assist Michigan’s residential care facilities with how to determine when residents should be placed into quarantine or tested when returning to the facility. Residential care facilities include nursing homes, homes for the aged, adult foster care facilities, hospice facilities, substance use disorder residential facilities, or assisted living facilities. The guidance in this document also applies to independent living facilities.

These recommendations are from the Centers of Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>; published September 10, 2021), CMS QSO-20-38-NH (<https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>; updated September 10, 2021), CMS QSO-20-39-NH (<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>; updated April 27, 2021), Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities Rescission of October 28, 2020 Order, published on May 5, 2021; ([https://www.michigan.gov/documents/coronavirus/5.5.21\\_RCF\\_testing\\_order\\_724451\\_7.pdf](https://www.michigan.gov/documents/coronavirus/5.5.21_RCF_testing_order_724451_7.pdf))

Though intended for nursing homes, the guidance and recommendations apply to other long-term care and residential settings.

The guidance is displayed by a resident’s vaccination or COVID-recovered status, time away from the facility, and activity.

How to Determine Quarantine Status					
*Leave = medical appointment, dialysis, hospital stay, family or community outing, etc.					
	Known Exposure	Symptomatic	Leave is LESS than 24 hours AND no known exposure or symptoms	Leave is MORE than 24 hours AND no known exposure or symptoms	New Admission
Resident Fully Vaccinated <sup>1</sup>	NO Quarantine <sup>2</sup>	Quarantine	NO Quarantine	NO Quarantine	NO Quarantine
Resident NOT Fully Vaccinated <sup>1</sup>	Quarantine <sup>3</sup>	Quarantine	NO Quarantine	Quarantine Assess risk of exposure <sup>4,5,6</sup>	Quarantine <sup>6</sup>
Resident COVID-19 Recovered in past 90 days	NO Quarantine <sup>2</sup>	Quarantine <sup>7</sup>	NO Quarantine	NO Quarantine	NO Quarantine

<b>Testing After Returning to the Facility</b>					
<b>*Applicable to SNF, HFA, and AFCs licensed for 13 or more beds.</b>					
<b>*Leave = medical appointment, dialysis, hospital stay, family or community outing, etc.</b>					
	<b>Known Exposure</b>	<b>Symptomatic</b>	<b>Leave is LESS than 24 hours AND no known exposure or symptoms</b>	<b>Leave is MORE than 24 hours AND no known exposure or symptoms</b>	<b>New Admission</b>
<b>Resident Fully Vaccinated<sup>1</sup></b>	Test <sup>2,8</sup>	Test <sup>9</sup>	NO Test UNLESS known exposure or symptomatic <sup>2,8,9</sup>	NO Test UNLESS known exposure or symptomatic <sup>2,8,9</sup>	NO Test UNLESS known exposure or symptomatic <sup>2,8,9</sup>
<b>Resident NOT Fully Vaccinated<sup>1</sup></b>	Test <sup>8</sup>	Test <sup>9</sup>	NO Test UNLESS known exposure or symptomatic <sup>3,8,9</sup>	Test during intake unless completed in previous 72 hours and negative <sup>10</sup>	Test during intake unless completed in previous 72 hours and negative <sup>10</sup>
<b>Resident COVID-19 Recovered in past 90 days</b>	NO Test if asymptomatic	Testing may be indicated <sup>7</sup>	NO Test UNLESS symptomatic <sup>2,7</sup>	NO Test UNLESS symptomatic <sup>2,7</sup>	NO Test UNLESS symptomatic <sup>2,7</sup>

**1** A fully vaccinated resident is an individual who is ≥2 weeks post receipt of the second dose in a 2-dose series, or ≥2 weeks post receipt of one dose of a single-dose vaccine.

**2** Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction’s public health authority. Additional potential exceptions are described [here](#).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

However, there may be circumstances when Transmission-Based Precautions (quarantine) for these patients might be recommended (e.g., patient is moderately to severely immunocompromised, if the initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result). In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of quarantine for fully vaccinated patients on affected units and work restriction of fully vaccinated HCP with higher-risk exposures.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**3** Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

- Although not preferred for healthcare settings, local public health authorities can end quarantine after Day 10 without testing and if no symptoms have been reported during daily monitoring. This strategy has a residual post-quarantine transmission risk estimated to be about 1% with an upper limit of about 10%. When diagnostic testing resources are sufficient and available then quarantine can end after Day 7 if a diagnostic specimen tests negative AND if no symptoms were reported during daily monitoring. Specimen for testing may be collected within 48 hours prior to allow for test result delay. [Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing | CDC](#)

**4** These decisions should be made on a case-by-case basis (activity, social distancing, # of people, vaccine-status, mask-wearing, etc.) - situation dependent. Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if

there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.

**5** Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures. Residents who leave the facility for 24 hours or longer should generally be managed as described in the [New Admission and Readmission](#) section.

**6** Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which unvaccinated residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

**7** For persons who have recovered from laboratory-confirmed SARS-CoV-2 infection and who experience new symptoms consistent with COVID-19 within 3 months since the date of symptom onset of the previous illness episode (or date of last positive viral diagnostic test if the person never experienced symptoms), repeating viral diagnostic testing may be warranted if alternative etiologies for the illness cannot be identified. If reinfection is suspected and retesting is undertaken, the person should follow isolation recommendations for cases of COVID-19 pending clinical evaluation and testing results. Results of repeat testing should also be interpreted in consultation with an infectious disease specialist with consideration of cycle threshold values (if available) and clinical presentations. The determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with infectious diseases specialists and/or public health authorities, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms).

Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure; this is because some people may be non-infectious but have detectable virus from their prior infection during this period.

**8** Residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.  
[https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor\\_1631031062858](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031062858)

**9** Clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19 and whether the resident should be tested. Individuals with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Some may present with only mild symptoms or other less common symptoms.

Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV-2. See Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating.

**10** Initial testing should be completed with all new or returning residents to a facility and newly hired staff when the individual is unvaccinated and has not been tested in the 72 hours prior to intake or start date.