

# COVID-19 CASE REPORTING TO HAI TEAM

**One case** of COVID-19 in a healthcare provider (HCP) or patient/resident is considered an outbreak. **Nosocomial outbreaks are a mandatory reportable condition** to the North Dakota Department of Health and Human Services (HHS). This COVID-19 guidance is specifically for healthcare facilities such as **Skilled Nursing, Basic Care, Assisted Living, Intermediate Care Facilities, Swing Beds and other facilities with medically complex clients** for reporting COVID-19 positive individuals.

**May 11, 2023**, marked the **end** of the federal COVID-19 **public health emergency** declaration, but the facilities listed above, still **need to report COVID-19 positive HCP and patients/residents to HHS HAI program** within one business day. This reporting is in addition to the standard reportable condition reporting requirements for mandatory reportable conditions (see [HHS HAN](#) and [Laboratory Reporting Memo](#)). Reporting requirements for NHSN has changed but reporting nosocomial outbreaks timely to HHS has not changed.

Facilities should continue to follow the [CDC's infection prevention and control recommendations for COVID-19 in healthcare settings](#). These recommendations provide detailed guidance for care of patients/residents with confirmed COVID-19 in healthcare settings and considerations for care of patients/residents not suspected or confirmed to have COVID-19.

**Healthcare facilities are responsible** for identifying HCP with a higher-risk exposure and patients/residents identified as close contacts to those with confirmed COVID-19 within their facility/clinic/medical setting. This includes HCP exposed to inpatients including while collecting specimens, and other coworker HCP found to be confirmed COVID-19 cases.

## Exposures and Reporting

- Use CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).
- Identify and notify others (i.e., visitors, patients, coworkers) who were exposed and provide guidance on source control, testing and when to quarantine or isolate.
- Resident (Skilled Nursing, Basic Care, Assisted Living, Intermediate Care Facilities) COVID-19 deaths must be reported the next business day to [dohcovidhai@nd.gov](mailto:dohcovidhai@nd.gov).

**Healthcare Personnel (HCP):** HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering, facilities management, administrative, billing, volunteer).

**Higher-Risk Exposures:** For the purposes of this guidance, higher-risk exposures are classified as HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:

- HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)<sup>4</sup>
- HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

**Close contact** for this guidance refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

North Dakota Administrative Code 33-06-01 requires reporting of nosocomial outbreaks. For the settings in this guidance, ONE case of COVID-19 in a patient/resident or staff is an outbreak.

The following information should be emailed to [dohcovidhai@nd.gov](mailto:dohcovidhai@nd.gov) or faxed to 701-328-0355.

## Positive Case

<b>Name of Facility</b>	
<b>Facility Address</b>	
<b>Name and date of birth of positive case</b>	
<b>Date of positive test</b>	
<b>Test Type: NAAT, Antigen, in-Home (in-home are requested for nosocomial outbreaks)</b>	
<b>If symptomatic- onset date</b>	
<b>NOTES:</b>	

## Resident Death

<b>Name of Facility</b>	
<b>Facility Address</b>	
<b>Name and date of birth of deceased</b>	
<b>Date of positive test</b>	
<b>Test Type: NAAT, Antigen</b>	
<b>Primary Medical History</b>	
<b>Date of Death</b>	