



What to Expect: Response to New COVID-19 Cases or Outbreaks in Long Term Care Settings

April 17, 2020

Purpose: This document is intended to provide an overview for long-term care (LTC) setting administration and staff of what to expect when a case or outbreak of novel coronavirus 2019 (COVID-19) is identified in a long-term care setting. For purposes of this document, a long-term care setting includes adult care homes, nursing homes, skilled nursing facilities, and assisting living facilities.

Preparation: The North Carolina Department of Health and Human Services (NC DHHS) follows guidance available from the Centers for Disease Control and Prevention ([CDC](#)). It is strongly recommended that staff review and implement these prevention measures immediately and establish relationships with your [local health department](#) to assure communication and up-to-date exchange of information. Compliance with specific CDC recommendations is mandated for all skilled nursing facilities and strongly encouraged for other long-term care facilities under [North Carolina Executive Order 131](#).

Background: Because of the possibility for rapid spread of COVID-19 in long-term care settings, immediate investigation and control measures should be taken when a resident or staff member first begins to exhibit symptoms of respiratory illness and prior to confirmation of COVID-19.

One case of COVID-19 in LTC setting is a serious public health concern. If one laboratory-confirmed COVID-19 case is identified along with other cases of acute respiratory illness within two incubation periods (28 days) in the same long-term care facility, a COVID-19 outbreak might be occurring.

Response Steps:

1. Notify your [local health department](#):
 - a. A confirmed or suspected case of COVID-19 in a resident or staff of a LTC facility should be immediately reported to your [local health department](#) for the county in which your facility is located.
 - b. The [North Carolina Executive Order 131](#) also requires notification to the local health department of clusters of respiratory illness, defined as three or more cases of respiratory illness among residents and/or staff within 72 hours.
2. Wear appropriate [PPE](#):
 - a. Facility staff should wear appropriate PPE when caring for patients with undiagnosed respiratory infection or confirmed COVID-19.
 - b. As required by North Carolina Executive Order 131, implement universal use of face masks for all staff while in the facility if supplies are available.
 - c. Consider routine use of gloves for all patient interactions.
3. Follow NC DHHS and CDC guidance:
 - a. Your local health department will guide you on patient placement, cohorting of patients and staff, and environmental cleaning. [CDC](#) guidance is on their website.

- b. You may continue to admit COVID-19 positive patients from hospitals as long as there is room and staffing available on your COVID-19 positive wing/area.
- 4. Site visit:
 - a. Your local health department may conduct a site visit (in person or virtual depending on circumstances) to ensure all infection prevention [recommendations](#), including environmental cleaning, are being followed.
- 5. Testing for the virus (SARS-CoV-2) that causes COVID-19:
 - a. Persons who live or work in a LTC setting are considered by NC DHHS as a priority group for testing. People who live in or have frequent contact with these settings and have symptoms consistent with COVID-19 can be tested through the North Carolina State Laboratory of Public Health (NCSLPH). Testing is also available through some commercial and hospital-based laboratories.
 - b. Any testing of LTC facility residents or staff will be conducted in consultation with your local health department.
 - c. Staff who test positive will be unable to work for a period of time after diagnosis. Be prepared for potential staffing shortages and have a plan in place for finding more staff if needed. See the “Infection Prevention Staffing Worksheet” for further information.
- 6. Guidance after testing:
 - a. **Residents testing positive for COVID-19:**
 - i. Consult with your local health department of placement of patients and other residents in the facility.
 - ii. Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom.
 - iii. Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
 - iv. Symptomatic residents and asymptomatic residents who test positive for COVID-19 should be cohorted in a designated location and cared for by a consistent group of designated facility staff (i.e. the same staff interact with symptomatic residents and residents who test positive for COVID-19 on an ongoing basis, and do not interact with uninfected residents).
 - v. [Transmission-based precautions](#) should be implemented for all symptomatic residents for at least 7 days after appearance of symptoms AND at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).
 - vi. [Transmission-based precautions](#) should be implemented for asymptomatic residents who are COVID-19 positive for at least seven days after the positive test. If an asymptomatic resident becomes symptomatic, the duration should be extended based on symptom onset date.

- b. **Staff testing positive for COVID-19:**
 - i. Consult with your local health department and [CDC guidance](#) on management of COVID-19 positive staff. Symptomatic staff and asymptomatic staff who test positive for COVID-19 should be excluded from work for at least 7 days after appearance of symptoms (or positive test result if asymptomatic) AND at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).
 - ii. CDC has created [crisis staffing guidance](#) with specific recommendations for facilities experiencing critical staffing shortages.
- c. **Staff without symptoms** should follow published guidance for [Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure](#).
- d. **If testing of all residents is not feasible**, [transmission-based precautions](#) should be implemented for asymptomatic residents until two incubation periods (28 days) have passed since the most recent case onset.