



## COVID-19 Infection Prevention Guidance for Long-Term Care Facilities

This guidance, based on CMS guidance and CDC recommendations, applies to all long-term care facilities, including nursing homes, assisted living facilities, and adult care homes. This guidance serves as a summary of the CDC guidance for [Healthcare Personnel](#), [Nursing Homes](#), [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) as well as the [CMS Testing in Long-Term Care](#) and [CMS Visitation in Nursing Homes](#) guidance.

Full vaccination of staff and residents is currently the best way to protect this population.

### Definitions

- Level of Community Transmission
  - Community transmission levels are based on the [CDC COVID-19 Data Tracker](#).
- Vaccination Status
  - Fully Vaccinated: a person  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine
  - Partially Vaccinated: a person who has received only one dose or is  $< 2$  weeks following receipt of a 2-dose series; or  $< 2$  weeks following receipt of a single-dose vaccine
  - Unvaccinated: a person who has not received any dose of vaccine
- Exposure Risk
  - Resident with Close Contact: Being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with SARS-CoV-2 infection
  - Staff with Higher-Risk Exposure: Based on exposure assessment in [CDC Managing Staff with Contacts](#)
- Source Control
  - Refers to the use of cloth masks, well-fitting facemasks or respirators to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing or coughing. Cloth masks are not considered PPE and should not be worn by staff.
- Screening for Signs and Symptoms
  - All staff should be screened for symptoms prior to every shift, all residents should be screened for symptoms daily and all visitors should be screened for symptoms prior to entering the facility.

## Visitation

- DHHS continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention to mitigate risk associated with potential exposure.
- Per [CMS](#) and DHHS, facilities must allow indoor visitation at all times and for all residents. Outdoor visitation continues to be preferred (but should not be required) when the resident and/or visitor are not fully vaccinated as outdoor settings allow for increased space and airflow.
- Facilities should continue to screen all who enter for visitation. **Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility.**
- Facilities are encouraged to offer testing for visitors or for visitors to be tested prior to coming to the facility. Facilities are also encouraged to educate and encourage visitors to become vaccinated.
- Facilities should ensure visitation is conducted in a manner that does not increase risk to other residents, including,
  - o Physical distancing can still be maintained during peak times of visitation.
  - o Large gatherings should be avoided when physical distancing cannot be maintained.
  - o Visitor movement should be limited to traveling to the resident's room or designated visitation area.
  - o If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room.
  - o **Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.**
- Community level of transmission should be evaluated to determine the stringency of face coverings and physical distancing.
  - o **In communities of substantial to high transmission**, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
  - o **In communities of low to moderate transmission**, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either is at risk for severe disease or unvaccinated. If the resident and their visitor(s) are fully vaccinated and the resident is not immunocompromised, they may choose to not wear face coverings or masks and to have physical contact.
  - o Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.

- Visiting residents on transmission-based precautions or quarantine:
  - o Before visiting residents, visitors should be made aware of the potential risk of visitation and precautions necessary in order to visit the resident.
  - o Visits should occur in the resident's room and the resident should wear a well-fitting facemask, if tolerated.
  - o Facilities may offer well-fitting facemasks or other appropriate PPE but are not required to provide PPE for visitors.
- Visiting during an outbreak investigation:
  - o Visitors should be made aware of the potential risk of visiting during an outbreak investigation.
  - o Visitors should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

## Testing

Testing should be performed in the following situations:

- **Anyone experiencing symptoms** should be promptly tested and staff should be excluded from work while awaiting results. Further guidance on Managing Staff and HCP can be found [here](#).
- **Routine screening testing** should be performed on unvaccinated or partially vaccinated staff, based on the [level of community transmission](#) at an interval set by [CMS QSO-20-38-NH](#).
- **Asymptomatic residents with close contacts and staff with higher-risk exposures** should be tested using a series of two viral tests.
  - o Testing is recommended immediately (**but not earlier than 2 days** after the exposure) and if negative, again 5-7 days after the exposure.
  - o Further guidance for [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) is available.
- **Outbreak testing should be conducted in response** to a newly identified infection (staff or resident). Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based testing. Further information can be found [here](#).
  - 1) **Perform contact tracing** to identify any staff who have had a higher-risk exposure or residents who may have had close contact with an individual with SARS-CoV-2 infection.
    - All staff with higher-risk exposure and residents with close contacts, regardless of vaccination status, should be tested immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
    - **Unvaccinated and partially vaccinated residents** who had close contact should be placed in quarantine for 14 days with the exception of a resident that has tested positive within the prior 90 days.

- **Fully vaccinated residents** who had a close contact should wear source control for 14 days following exposure.
- If testing of close contacts reveals additional staff or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or staff with higher-risk exposures to the newly identified individuals.
  - A facility-wide or group-level (e.g., unit, floor) broad-based approach should be considered if all potential contacts cannot be identified or managed with contact tracing (described next).

**2) Broad-based approach** may be utilized if a facility does not have the expertise, resources, or ability to identify all close contacts and should investigate the outbreak at the facility-level or group-level.

- Perform testing of all residents and staff on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
  - **Unvaccinated and partially vaccinated residents** should generally be restricted to their rooms, even if testing is negative, and cared for by staff using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities.
    - Residents identified as close contacts to a case should be placed in quarantine.
    - If an unvaccinated resident is not identified as a close contact, they should generally be restricted to their room
  - **Fully vaccinated residents** do not need to be restricted to their rooms or cared for by staff 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 local public health authority.
- If no additional cases are identified during the broad-based testing, room restriction and full PPE use by staff caring for unvaccinated residents can be discontinued after 14 days and no further testing is indicated.
- If additional cases are identified, testing should continue on affected unit(s) or facility-wide every 3-7 days in addition to room restriction and full PPE use for care of unvaccinated or partially vaccinated residents, until there are no new cases for 14 days.

## Quarantine

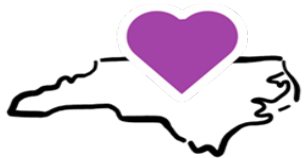
Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices, including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same. Please see [CMS Nursing Home Visitation- COVID- 19](#) and [CDC Long-Term Care](#) guidance section on communal activities and resident outings for recommendations upon a resident's return.

### Fully Vaccinated Residents

- Newly admitted residents or residents with close contacts do not need to be placed in quarantine. However, residents identified to be a close contact should wear source control and be tested.

### Unvaccinated or Partially Vaccinated Residents

- In general, all new admissions, readmissions and residents who have left the facility for 24 hours or longer should be placed in a 14-day quarantine, even if they have a negative test on admission.
- Exception would include a resident who has tested positive for SARS-CoV-2 infection in the last 90 days.



**#StayStrongNC**

**Staying apart brings us together.  
Protect your family and neighbors.**

**Learn more at [nc.gov/covid19](https://nc.gov/covid19).**



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**

## **Outbreak Response When a New Facility-Onset Case of COVID-19 is Identified**

-Facility must decide if they can perform contact tracing on affect individuals or utilize facility-wide testing

### **If utilizing Contact Tracing,**

#### **Testing**

- Identify staff who have had a higher-risk exposure and residents who had close contact with the individual with SARS-CoV-2
- Individuals identified should be tested immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after the exposure
- If testing reveals additional residents or staff with SARS-CoV-2 infection, contact tracing should continue to identify residents with close contact or staff with higher-risk exposure to the newly identified individual(s)
- A facility-wide approach should be considered if all potential contacts cannot be identified or managed with contact tracing, or if contact tracing fails to halt transmission

#### **Outbreak Response**

Vaccinated residents: should wear source control

Unvaccinated or partially vaccinated residents: should be placed in quarantine for 14 days after their exposure, even if their testing is negative. If a resident has tested positive for SARS-CoV-2 in the last 90 days, they do not need to be placed on quarantine

### **If utilizing Facility-wide testing,**

#### **Testing**

- If a facility does not have the expertise, resources, or ability to identify all close contacts, the outbreak should be investigated at a facility-level
- Testing of all residents and staff should be performed immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after the exposure
- If no new cases are identified, no further testing is indicated
- If additional cases are identified, testing should continue every 3-7 days until there are no new cases for 14 days

#### **Outbreak Response**

Vaccinated residents: Do not need to be restricted to their room or care for by staff with full PPE

Unvaccinated or partially vaccinated residents: should generally be restricted to their rooms, even if testing is negative, and care for by staff using an N95 or higher-level respirator, eye protection, gloves and gown. They should not participate in group activities. If no additional cases are identified, room restriction and full PPE use may be discontinued after 14 days. If additional cases are identified, residents should be restricted to their rooms and staff should use full PPE until there have been no new cases for 14 days

# Outbreak Response When a New Facility-Onset Case of COVID-19 is Identified

Does the facility have the expertise, resources, or ability to identify all close contacts?

Yes

No

## Perform Individual Contact Tracing

Identify staff with higher-risk exposures and residents with close contact to the individual with SARS-CoV-2.

### Not a Close Contact

No testing is indicated.

### Close Contacts

Should be tested immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after the exposure.

Test results after serial testing

Positive

Negative

- If testing reveals additional residents or staff with SARS-CoV-2 infection, contact tracing should continue to identify residents with close contact or staff with higher-risk exposure to the newly identified individual(s).
- A facility-wide approach should be considered if all potential contacts cannot be identified or managed with contact tracing, or if contact tracing fails to halt transmission.

If no new cases are identified, no further testing is indicated.

## Perform Facility-wide testing

Test all staff and residents immediately (but not earlier than 2 days after exposure) and, if negative, again 5-7 days after the exposure.

Were new cases identified?

Yes

No

Testing should continue every 3-7 days until there are no new cases for 14 days.

No further testing is indicated.

### Outbreak Response for Contact Tracing:

Vaccinated residents should wear source control.  
Unvaccinated or partially vaccinated residents should be placed in quarantine for 14 days after their exposure, even if their testing is negative. If a resident has tested positive for SARS-CoV-2 in the last 90 days, they do not need to be placed on quarantine.

### Outbreak Response for Facility-wide Testing:

Vaccinated residents do not need to be restricted to their room or cared for by staff with full PPE.

Unvaccinated or partially vaccinated residents should generally be restricted to their rooms, even if testing is negative, and care for by staff using an N95 or higher-level respirator, eye protection, gloves, and gown. They should not participate in group activities. If no additional cases are identified, room restriction and full PPE use may be discontinued after 14 days. If additional cases are identified, residents should be restricted to their rooms and staff should use full PPE until there have been no new cases for 14 days.