NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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, and other facilities as appropriate. 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.

Up to date 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
  - Up To Date: a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
- 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.

Visitation

- DHHS continues to recommend facilities, residents, families, and visitors 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 up to date on vaccination as outdoor settings allow for increased space and airflow. Residents and their visitors should follow the source control and physical distancing recommendations for outdoor settings described on the page addressing Your Guide to Masks | CDC.

- Facilities should continue to screen all who enter for visitation. Individuals describing new onset of mild symptoms should be excluded from visitation, as even mild symptoms may be a sign of COVID-19 infection.

- **Even if they have met community criteria to discontinue isolation or quarantine, visitors should not visit if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for residents.**
    - **a positive viral test for SARS-CoV-2,**
    - **symptoms of COVID-19, or**
    - **close contact with someone with SARS-CoV-2 infection**

- While facilities cannot require visitors to be tested or vaccinated, they are encouraged to offer testing or request visitors to be tested prior to coming to the facility. Facilities are encouraged to educate and encourage visitors to become vaccinated.

- Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

- Facilities should ensure visitation is conducted in a manner that does not increase risk to other residents, including:
    - Physical distancing can still be maintained during peak times of visitation.
    - Large gatherings should be avoided when physical distancing cannot be maintained.
    - Visitor movement should be limited to traveling to the resident's room or designated visitation area.
    - If a resident's roommate is not up to date on COVID-19 vaccinations or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room.
    - **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 used to determine implementation of face coverings and physical distancing using the following guidance:

- **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.
- **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 not up to date on COVID-19 vaccinations. If the resident and their visitor(s) are both up to date on all COVID-19 vaccinations and the resident is not immunocompromised, they may choose to not wear face coverings or masks and to have physical contact.
- 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:
  - Residents should be encouraged to limit in-person visitation while they are infectious. Counsel patients and their visitor(s) about the risks of an in-person visit. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.
  - Before visiting residents, visitors should be made aware of the potential risk of visitation and precautions necessary in order to visit the resident.
  - Visits should occur in the resident's room and the resident should wear a well-fitting facemask, if tolerated.

- Visiting during an outbreak investigation:
  - Visitors should be made aware of the potential risk of visiting during an outbreak investigation.
  - 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 for staff who are not up to date with all recommended COVID-19 vaccine doses. The frequency of screening testing is based on the level of community transmission, an interval set by CMS QSO-20-38-NH.
  - If these HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift.

- **Newly admitted residents and residents who have left the facility for >24 hours**, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.

- **Asymptomatic residents with close contact with someone with SARS-CoV-2, regardless of vaccination status, and staff with higher-risk exposures** should be tested using a series of two viral tests.
  - Testing is recommended immediately (**but not earlier than 24 hours** after the exposure) and if negative, again 5-7 days after the exposure.
  - Further guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 is available.
  - In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

- **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 24 hours after the exposure, if known) and, if negative, again 5-7 days later.
  - Residents that **are not up to date** on vaccinations who had close contact should be placed in quarantine.
  - Residents that **are up to date** on vaccinations or have tested positive within the prior 90 days who had a close contact should wear source control for 14 days following exposure. Quarantine might be considered if the resident is moderately to severely immunocompromised.
  - If testing of close contacts reveals additional staff or residents with SARS-CoV-2 infection, contact tracing should be continued to identity 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 24 hours after the exposure, if known) and, if negative, again 5-7 days later.
  - Residents that **are not up to date** on vaccinations 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.

    - Residents may be removed from room restrictions after either day 7 following the exposure, still being considered day 0, if a viral test is negative for SARS-CoV-2 and they do not develop symptoms OR day 10 following the exposure, which is considered day 0, if they do not develop symptoms.
- Residents that **are up to date** on vaccinations or have tested positive within the prior 90 days 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 residents not up to date on COVID-19 vaccinations 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 residents not up to date on COVID-19 vaccinations, until there are no new cases for 14 days.

Testing Recommendations Summary Table

When to Test	Who to Test	Duration/Frequency of Testing
Anyone Experiencing Symptoms	Anyone experiencing symptoms	As soon as possible
Routine Screening Testing	Staff who are not up to date with all recommended COVID-19 vaccine doses	Based on level of community transmission
New Admissions and Residents that Have Left the Facility	Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status	Immediately and, if negative, again 5-7 days after their admission
Exposures and Close Contact to Someone with SARS-CoV-2	Asymptomatic residents with close contact to someone with SARS-CoV-2 and staff with higher-risk exposures	Immediately (but not earlier than 24 hours after the exposure) and if negative, again 5-7 days after the exposure.
Outbreak Testing: Contact Tracing	Residents who are close contacts of someone with SARS-CoV-2 infection and staff who had a higher-risk exposure	All identified contacts should be tested immediately (but not earlier than 24 hours after the exposure) and if negative, again 5-7 days after the exposure. If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.
Outbreak Testing: Broad-based	All residents and HCP on the affected unit/ in the affected facility	Immediately (but not earlier than 24 hours after the exposure, if known) and, if negative, again 5-7 days later. Outbreak testing continues every 3-7 days 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.

Residents up to date on COVID-19 vaccinations or residents who have tested positive in the prior 90 days

- Newly admitted residents that are up to date on all COVID-19 vaccinations or residents with close contacts do not need to be placed in quarantine. Quarantine might be considered if the resident is moderately to severely immunocompromised. Residents identified to be a close contact should wear source control and be tested.

Residents not up to date on COVID-19 vaccinations

- If not up to date on all COVID-19 vaccinations, in general, all new admissions, readmissions and residents who have left the facility for 24 hours or longer should be placed in quarantine, even if they have a negative test on admission.

Duration of quarantine

- Patients can be removed from Transmission-Based Precautions after **day 10** following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions
- Patients can be removed from Transmission-Based Precautions after **day 7** following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions

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 24 hours 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

Residents **up to date** on all COVID-19 vaccinations: should wear source control

Residents **not up to date** on all COVID-19 vaccinations: should be placed in quarantine 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 Broad-based 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 24 hours 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

Residents **up to date** on all COVID-19 vaccinations: Do not need to be restricted to their room or care for by staff with full PPE

Residents **not up to date** on all COVID-19 vaccinations: 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. Residents may be removed from room restrictions after either day 7 following the exposure, still being considered day 0, if a viral test is negative for SARS-CoV-2 and they do not develop symptoms OR day 10 following the exposure, which is considered day 0, if they do not develop symptoms.

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

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 24 hours after exposure) and, if negative, again 5-7 days after the exposure.

Test results after serial testing

Positive

- 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.

Negative

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

No

Perform Facility-wide testing
Test all staff and residents immediately (but not earlier than 24 hours after exposure) and, if negative, again 5-7 days after the exposure.

Were new cases identified?

Yes

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

No

No further testing is indicated.

Outbreak Response for Contact Tracing:
Residents up to date on all COVID-19 vaccinations should wear source control.
Residents not up to date on all COVID-19 vaccinations should be placed in quarantine 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:
Residents up to date on all COVID-19 vaccinations do not need to be restricted to their room or cared for by staff with full PPE.
Residents not up to date on all COVID-19 vaccinations 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. Residents may be removed from room restrictions after either day 7 following the exposure, still being considered day 0, if a viral test is negative for SARS-CoV-2 and they do not develop symptoms OR day 10 following the exposure, which is considered day 0, if they do not develop symptoms.