



What to Expect: Response to New COVID-19 Cases or Outbreaks in Post-Acute Care Settings

Purpose: This document is intended to provide an overview for post-acute care setting administration and staff of what to expect when a case or outbreak of COVID-19 is identified. For purposes of this document, a post-acute care setting includes adult care homes, nursing homes, skilled nursing facilities, and assisting living facilities. **One case of COVID-19 in a post-acute care setting is a serious public health concern and outbreak testing should begin.**

Preparation: The North Carolina Department of Health and Human Services (NC DHHS) follows published guidance from the Centers for Disease Control and Prevention (CDC). Compliance with specific CDC recommendations is mandated for all skilled nursing facilities and strongly encouraged for other post-acute care facilities. It is therefore expected that post-acute care settings have reviewed and implemented the policies and procedures outlined in the CDC guidance, and have established relationships with their [local health department](#) to assure communication and up-to-date exchange of information.

Background: Because of the possibility for rapid spread of COVID-19 in post-acute 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. NCDHHS outbreak definition and ongoing outbreaks can be found [here](#).

Response Steps:

1. Notify your [local health department](#):
 - a. A confirmed or suspected case of COVID-19 in a resident or staff should be immediately reported to your [local health department](#) for the county in which your facility is located.
 - b. 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. These clusters are not considered an outbreak until COVID-19 is confirmed, but the early notification allows local health departments to put control measures in place to prevent additional transmission.
2. Wear appropriate [PPE](#):
 - a. Standard precautions should be used for all patients.
 - b. Facility staff should wear appropriate PPE when caring for patients with undiagnosed respiratory infection or confirmed COVID-19.

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.
 - b. Check [CDC guidance](#) for the most up-to-date infection prevention recommendations for post-acute care settings.
 - c. You may continue to admit patients from hospitals as long as there is sufficient and appropriate room and staffing available, unless directed otherwise by your local health department.
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. Follow [CMS](#) guidance and [CDC](#) recommendations for testing frequency
 - b. 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 CDC [Strategies to Mitigate Healthcare Personnel Staff Shortages](#) document for further information.
6. Guidance after testing:
 - a. Residents testing positive for COVID-19:**
 - i. If needed, consult with your local health department regarding 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 COVID-19-positive 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. 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 do not interact with uninfected residents).
 - v. Residents with suspected COVID-19 (i.e., have symptoms of COVID-19 but have not yet tested positive for COVID-19) should be housed in individual rooms and should not be housed with people who have tested positive for COVID-19.
 - vi. All residents who have tested positive for COVID-19 must be placed on transmission-based precautions until they meet the criteria for [discontinuation](#)

of transmission-based precautions. If an asymptomatic resident becomes symptomatic, the duration should be extended based on symptom onset date.

b. Residents who have been exposed to COVID-19 should follow published CDC guidance on [Managing Residents with Close Contacts](#)

c. Staff testing positive for COVID-19:

- i. Consult with your local health department and [CDC guidance](#) on management of COVID-19 positive staff. Staff who test positive for COVID-19 must remain in isolation until they meet the criteria for discontinuation of isolation. If an asymptomatic staff member becomes symptomatic, the duration should be extended based on symptom onset date.
- ii. CDC has created [crisis staffing guidance](#) with specific recommendations for facilities experiencing critical staffing shortages. If your facility is experiencing a staffing shortage and needs to implement crisis standards of care, alert your local health department.

d. Staff who have been exposed to COVID-19 should follow published CDC guidance for [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).



#StayStrongNC

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

Learn more at nc.gov/covid19.



**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**