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

September 4, 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 Coronavirus Disease 2019 (COVID-19) is identified in a long-term care setting. An outbreak of COVID-19 is defined as two or more laboratory-confirmed cases of COVID-19 within 28 days. 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 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 long-term care facilities under North Carolina Executive Order 131. This executive order has been extended past the original expiration date; please see the NC DHHS website for updates. It is therefore expected that LTC 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 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. 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. 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. Use of eye protection is recommended in areas with moderate to substantial community transmission.

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 long-term 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 current CDC guidance for testing of residents in LTC settings.
   b. Follow the NC DHHS’s Secretarial Order mandating biweekly testing of staff in LTC settings.
   c. Any testing of LTC facility residents or staff will be conducted in consultation with your local health department.
   d. 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 Emergency Staffing and Resource Requests document for further information.

6. Guidance after testing:
   a. Residents testing positive for COVID-19:
      i. 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. 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. 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. 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. For more information about managing staffing shortages, please see the document “Emergency Resource and Staffing Requests” in this toolkit. If your facility is experiencing a staffing shortage and needs to implement crisis standards of care, alert your local health department.

c. Staff who have been exposed to COVID-19 should follow published guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure.