



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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March 6, 2020

MEMORANDUM

TO: N.C. Adult Care Home and Family Care Home Providers

FROM: Megan Lamphere, Chief   
Adult Care Licensure Section

RE: Guidance for Infection Control and Prevention of Coronavirus Disease 2019  
(COVID-19)

**Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19)  
in Adult Care Homes and Family Care Homes**

At NCDHHS, we have been working in partnership with federal, state and local agencies and with Governor Cooper's Novel Coronavirus (COVID-19) Task Force to prepare North Carolina for a possible COVID-19 outbreak.

The Division of Health Service Regulation (DHSR) Adult Care Licensure Section's top priority is the health and safety of individuals living in adult care homes (ACHs) and family care homes (FCHs) based on the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent appearance of COVID-19 in North Carolina, NCDHHS and DHSR are providing additional guidance to facilities to help them improve their infection control practices and to prevent the spread of the virus.

**Guidance**

Adult care homes and family care homes should monitor the NCDHHS and Centers for Disease Control (CDC) websites for the most current information and resources. General questions may be directed to 866-462-3821. Facilities should contact their local health department if they have clinical questions or suspect a resident of an ACH or FCH has COVID-19.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

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### **NCDHHS COVID-19 Website**

<https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>

### **Centers for Disease Control COVID-19 Website**

<https://www.cdc.gov/coronavirus/2019-ncov/>

Per the CDC, prompt detection, triage and isolation of residents potentially infected with the virus that causes COVID-19 are essential to prevent unnecessary exposures among residents, facility staff, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and the DHSR to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain communication with residents, their family and/or legal representatives, and understanding their individual needs.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or facility staff should immediately contact their local health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

### **Guidance for Limiting the Transmission of COVID-19 for ACHs and FCHs**

#### **What can an ACH or FCH do to be prepared?**

- Review your facility's infection control policies and procedures required by N.C.G.S. 131D-4.4A ([https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_131D/GS\\_131D-4.4A.html](https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_131D/GS_131D-4.4A.html)). Although these policies and procedures are mainly focused toward blood-borne pathogens, the law requires that they include topics such as cleaning and sanitation, blood and bodily fluid precautions, and accessibility of infection control supplies which are all applicable to preventing the spread of illnesses such as influenza, COVID-19, and norovirus.
- Review the Adult Care Home Infection Control Training course with facility staff. The training is located on the ACLS website at <https://info.ncdhhs.gov/dhsr/acls/training/pdf/InfectionControl.pdf>.
- Post the telephone number to your local county health department in a place visible to staff.

- Communicate proactively with residents, staff, and other visitors regarding facility visitation policies and restrictions that may result based on the recommendations of the local health department.
- Communicate proactively with staff about monitoring and reporting their own and resident symptoms. Provide guidance on when to stay home, and when to return to work.
- Assure strict adherence to infection prevention practices, including hand hygiene and respiratory etiquette.
- Remind staff and residents and post signage throughout the facility on some practical things we can all do to prevent the spread of any respiratory illness, such as cold or flu:
  1. Wash your hands often with soap and water for at least 20 seconds. Use of an alcohol-based hand rub with at least 60% alcohol can be used if hands are not visibly soiled.
  2. Avoid close contact with people who are sick.
  3. Avoid touching your eyes, nose, and mouth.
  4. Stay home when you are sick.
  5. Cover your cough or sneeze with a tissue, then throw it away.
  6. Clean and disinfect frequently touched objects and surfaces using regular household cleaning spray.

### **How should facilities monitor or limit visitors?**

In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor has a fever and is exhibiting signs and symptoms of a flu-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without medication).

Facilities should screen visitors for the following:

1. Travel from an affected geographic area within the last 14 days. For updated information on affected geographic areas, visit:  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Has had contact with someone laboratory-confirmed for COVID-19.

If visitors meet the above criteria, facilities may restrict their entry to the facility.

Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.

### **How should facilities monitor or restrict facility staff?**

The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).

- Facility staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
  - o Immediately stop work, put on a facemask, and self-isolate at home;
  - o Inform the facility's administrator, and include information on individuals, equipment, and locations the person came in contact with; and
  - o Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to your local health department and the following CDC guidance for exposures that might warrant restricting asymptomatic facility staff from reporting to work:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals, by visiting <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

### **When should an ACH or FCH consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?**

ACHs and FCHs with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC and the local health department.

(<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. Pending transfer, place a facemask on the patient and isolate him/her in a room with the door closed.

## **When should an ACH or FCH accept a resident who was diagnosed with COVID-19 from a hospital?**

An ACH or FCH can accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC and local health department guidance for transmission-based precautions. If an ACH or FCH cannot, it must wait until these precautions are discontinued. These decisions should be made on a case-by-case basis in consultation with the local health department, the resident's clinicians, infection prevention and control specialists, and public health officials.

Note: ACHs and FCHs can admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

### **Other considerations for facilities:**

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Frequently review information and guidance on the NC DHHS COVID-19 website at <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>
- Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS), tissues, no-touch receptacles for disposal, and facemasks at facility entrances, common areas, etc.
  - Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies for staff to avoid sharing (e.g., pens, pads) and disinfect workplace areas frequently (nurse's stations, phones, internal radios, etc.).

### **What other resources are available for facilities to help improve infection control and prevention?**

#### CDC Resources:

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>