Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

April 14, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at 919-733-3419.

Testing Persons in Long-Term Care Facilities with COVID-19 Outbreaks

We recommend that long-term care facilities with at least one patient with COVID-19 test all residents and staff regardless of symptoms, when testing capacity permits. If testing capacity is limited, priority should be given to testing residents and staff with symptoms or those who had close contact with a case.

Testing of asymptomatic persons in long-term care facilities should be done in consultation with local and state public health. We encourage facilities with an outbreak to work with commercial or hospital labs that they might have existing relationship with to test these asymptomatic persons, if possible. The North Carolina State Laboratory of Public Health's (NC SLPH) priority continues to be testing symptomatic persons. Please discuss testing plans with the facility when an outbreak is reported. If a facility decides to initiate testing of large group of asymptomatic persons in a congregate living setting, please notify your TATP nurse.

Personal Protective Equipment (PPE) and Staffing Requests

The following mechanisms can be used to request PPE and staffing.

PPE
If PPE is needed at a skilled nursing facility or other long-term care facility, the facility can make an urgent PPE request directly to the Office of Emergency Medical Services. The following links can be used to request PPE:

- Skilled Nursing Facilities: https://nc.readyop.com/fs/4cig/e5e0
- Other Healthcare Facilities: https://nc.readyop.com/fs/4cit/40fd

Each facility's administrator should have received an email with these links from the Division of Health Service Regulation. Please note that the above links are for use by the facilities, not the local health departments.

If local health departments need to request PPE for their staff who are investigating an outbreak, they can do so through their county emergency management in WebEOC.

Staffing
If a facility has concerns about staffing, they should consider the following additional avenues locally to fulfill staffing needs before placing a request to the state:

- Allowing caregivers that are positive but asymptomatic to staff areas dedicated to caring for positive residents (using PPE)
- Contacting temporary staffing agencies

- Contacting other sister facilities for temporary staffing support
- Contacting their local hospital for temporary staffing support

We encourage LHDs and congregate living facilities put these plans in place and have these discussions before the staffing need arises. If all attempts to find additional staffing locally is not successful, then requests should be placed with your Local Emergency Manager for staffing support. It should be noted that staffing support is not usually a quick trigger (48+ hours before the support can arrive) so these requests should be put in as early as possible. If the county does not have support then they will request assistance from the State Emergency Operations Center (ESF8) and someone will reach out to start coordinating the request.

COVID-19 Death Reporting

A COVID-19-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be COVID-19 by an appropriate laboratory test. Please note that a person does not need COVID-19 listed on the death certificate to be a COVID-19-associated death. They just have to have been:

- Symptomatic with a positive laboratory test
- No complete recovery between illness onset and death
- No clear alternate cause of death.

The following data fields in NC EDSS are important to complete for us to accurately count all COVID-19 deaths:

- Disease classification changed to COVID death (COVID-19D)
- Accurate date of death entered in NC EDSS
- “Did the person die from this illness” answered as “Yes”
- Clinical Outcome answered as “Died”

COVID-19 Testing for Healthcare Workers and First Responders

Healthcare workers and first responders with symptoms compatible with COVID-19 can be tested at NC SLPH. Here is a guide for COVID-19 testing for these persons.

Return to Work Criteria for Healthcare Workers

The following are the return to work criteria for healthcare workers, including caregivers in congregate living settings:

- An individual who is considered to be a close contact should undergo self-monitoring for 14 days and could return to work in consultation with their facility’s employee health and infection prevention program and local health department. These individuals should wear a facemask while at work.
- An individual who tests positive may return to work when either of the following criteria have been met:
    - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
    - At least 7 days have passed *since symptoms first appeared*.

      OR

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Two negative COVID-19 results from specimens collected ≥24 hours apart.

CDC has developed criteria to mitigate extreme healthcare personnel staffing shortages. If shortages continue despite other mitigation strategies, consider implementing criteria to allow providers with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work.

If healthcare workers are permitted to return to work before meeting all Return to Work Criteria, they should still adhere to the following recommendations. These include:

- Wearing a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Adhering to hand hygiene and respiratory hygiene, and cough etiquette
- Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.
- Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.

If healthcare workers are allowed to work before meeting all criteria, facilities should consider prioritizing their duties in the following order:

1. If not already done, allow providers with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff), such as in telemedicine services.
2. Allow providers with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
3. Allow providers with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
4. As a last resort, allow providers with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.