

Testing Questions

- 1. If staff are getting tested after an exposure, do they still need to quarantine while waiting for results? Also, is this a rapid test or PCR testing?** Answer: Providers who are fully vaccinated, do not need to quarantine but should use source control. Unvaccinated HCP would need to quarantine after a higher risk exposure for 14 days even if test results are negative. Testing can be done using either antigen or PCR.
- 2. When the standards/recommendations refer to 2 days or 5 days, is the day of exposure day 1? Or is the following day considered day 1?** Answer: There is some flexibility here - consider it to be ~48 hours. Example, if Monday morning exposure, then testing could occur Wednesday afternoon. Based on the updated guidance the first test should occur not earlier than 2 days after the exposure.
- 3. Are rapid and PCR antigen tests acceptable for exposures and PUI/symptomatic?** Answer: Yes, antigen (rapid test) or PCR are acceptable for testing.
- 4. If someone is unvaccinated, and had COVID-19 in the last 90 days, develops COVID-like symptoms... is it then appropriate to test them?** CDC recommends that asymptomatic people that have recovered from COVID-19 and are within their 90 days should not be tested. If symptoms develop, HCP should be assessed and potentially tested for SARS-CoV-2 if an alternate etiology is not identified.
- 5. RSV, influenza, and the common cold are beginning to increase. Are the recommendations about testing residents or employees for multiple viruses encouraged? A negative COVID test but still be contagious with other viruses.** Yes, testing for other circulating respiratory viral pathogens is recommended.
- 6. If the recommendation is to not test for 90 days after infection. Why are outpatient facilities testing prior to procedures and denying services if asymptomatic residents are testing positive within their 90 days?** Unfortunately, some facilities have initiated their own protocols that may not be consistent with either guidance from the CDC or NCDHHS. CDC recommends that asymptomatic people that have recovered from COVID-19 and are within their 90 days should not be tested.
- 7. When testing, if the rapid is negative and then PCR comes back positive, are they considered to be a positive case?** Yes, PCR results are generally considered to provide the most reliable results.
- 8. During outbreak investigation in LTC facilities, how often should HCP and residents receive testing once additional cases are identified during the 14 days following the initial case?** Outbreak testing in a LTCF should occur per guidance (generally every 3-7 days) and continue until **NO** new cases (residents or HCP) are identified for 14 days after the most recent case.

9. **We frequently get false positive routine test back on staff and residents. Can we test two PCR test 24 hours apart, and if negative the staff can return to work and/or end isolation?** If you believe you are consistently receiving false positive test results, DPH would like to be made aware. If an asymptomatic person tests antigen positive, a PCR test can be conducted. However, if the results are discordant (e.g., antigen positive and PCR negative) and the facility is in an outbreak OR the person is a close contact, then HCP could return to work per risk assessment. For those HCP either exposed or ill with COVID-19, criteria to shorten duration of quarantine or isolation can be found here: [Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing | CDC](#); in brief, quarantine can end after 10 days and isolation after 7 using the strategies provided in the Science Brief.

Personal Protection Equipment Questions

10. **When staff are fully vaccinated, do they need to wear eye protection/face shield with patient encounters?** Yes, use of personal protective equipment (PPE) recommendations are not based on the vaccination status of the HCP.
11. **To be clear, you are saying eye protection must be worn even for vaccinated and asymptomatic all care, correct?** If the facility is located in a community with substantial to high transmission CDC recommends universal use of eye protection for all HCP, regardless of vaccination status, for all patient/resident encounters.
12. **Does the eye protection guidance apply regardless of no active, no suspected COVID cases in a LTCF?** Yes, the recommendation is made based on the level of transmission within the community, which can be found on the [CDC COVID data tracker](#).
13. **Is the eye protection necessary only for LTC or any healthcare facility where you come in contact with patients?** If the facility is located in a [community with substantial to high transmission](#) CDC recommends universal use of eye protection for all HCP for all patient/resident encounters. Staff that do not have patient/resident encounters would not be included in universal use of eye protection.
14. **Would you recommend wearing N95 in a facility having an outbreak but you are assigned to a hallway that does not have (+) COVID patient?** CDC does list a NIOSH-approved N95 or equivalent or higher-level respirator first in their options for source control and as we know it does provide a higher level of respiratory protection. Facilities should consider the availability of the N95s to ensure supply is adequate.
15. **If you are wearing a face shield, do you have to change the facemask in between residents?** When used solely for source control facemasks can be worn for an entire shift unless they become soiled, damaged, or hard to breathe through, they would not need to be changed between residents. Ideally, they should be discarded when removed (at lunch for example) and a new mask donned.

16. **Are our staff who wear PAPRs required to wear a procedure mask inside the PAPR?** Facilities should consult with the PAPR vendor and if documentation can be obtained that the PAPR also provides source control, staff would not need to wear a procedure mask. If the PAPR does not provide source control, staff should also wear a face mask.
17. **Regarding eye protection: Some staff have purchased accessories that fit on the sides of their personal glasses - these do not cover the top and bottom of the glasses. Would these be acceptable or should eye protection protect the eye from all areas? What type of goggles would be acceptable?** Eye glasses are not acceptable forms of eye protection. The best form of eye protection covers the mucous membranes around the eyes.
18. **If a facility is unable to get fit tested can they still use N95s right now?** OSHA requires that HCP providing care for suspected and/or confirmed COVID-19 positive persons wear a NIOSH approved respirator in accordance with the OSHA respiratory protection standard which does require a medical evaluation and fit testing. N95s can be worn for source control without a medical evaluation and/or fit testing, however training does have to be provided.
19. **In outpatient facilities, what about check in people wearing eye protection?** It would be recommended in counties where there is substantial to high transmission since they would be having patient encounters.
20. **Do you need head covers and shoe covers for COVID-19 individuals?** No, shoe and head covers are not included in the PPE recommendations.
21. **Is there a certain number of uses that an N95 mask can be used before being discarded when using the extended use and limited re-use?** Generally, the CDC recommends that N95s that are worn as PPE (versus source control) be discarded at time of removal.

There are a couple of exceptions:

- Facilities can consider implementing extended use for healthcare personnel who are sequentially caring for a large volume of patient with suspected or confirmed SARS-CoV-2, cohorted on a COVID-19-unit, quarantine unit or in LTCFs units impacted by an outbreak.
- In their **crisis capacity** (when the supply is not able to meet the facilities current or anticipated need and the facility has made every effort to obtain more) CDC does include an option for limited re-use. If limited re-use is necessary due to supply CDC recommends consulting with the manufacturer regarding the maximum number of donning or uses, they recommend for each N95 model. If there is no manufacturer guidance data suggest limiting the number of reuses to no more than five. For example, if the HCP wore an N95 to care for a patient, removes when exiting the room and later returns to care for the patient, puts on the same N95, this would count as two donnings.

22. **Where can you order more N-95s? They have tried ordering using the link for order supply but no response for a few days now.** The DHHS link to request PPE is: [Requesting PPE | NC COVID-19 \(ncdhhs.gov\)](#).

Exposure/Quarantine Questions

23. **If a fully vaccinated patient is living with a family member who is COVID (+) is the last day of the fully vaccinated patient's exposure considered to be the last day of their family member's quarantine?** Yes, if there is close contact with the positive family member throughout the isolation period.
24. **When exposure occurs in long term care, testing is to be completed immediately but no EARLIER OR LATER than 2 days?** According to the updated guidance the first test should be done immediately but no earlier than 2 days after the exposure. If the exposure happened on Monday ideally the test would be collected on Thursday (2 days after the exposure).
25. **If an unvaccinated HCP is not at work because they are quarantining at home after an exposure outside of the facility, why would we need them to come to the facility to have a test done twice during their quarantine? Wouldn't it be better for them to stay away from the facility? Or should we ask they get tested on day 2 and 5-7 someplace outside the facility?** If the HCP is not working during this time, they would not need to be tested as a part of the facility outbreak testing. However, CDC does recommend that individuals with higher risk exposure are tested according to testing guidance.
26. **I work in a dental office and some of our staff members are not vaccinated. When one of our fully vaccinated employee has been exposed to COVID-19 and tested positive, does this COVID-19 positive employee need to quarantine if they have symptoms? And what if they have no symptoms?** All persons that are confirmed to be positive, regardless of vaccination status, should be excluded from work and isolate until return to work criteria are met. This includes both symptomatic and asymptomatic positive cases.
27. **How do we handle employers or school systems that require a negative COVID-19 test before an employee or student can return to work or school after testing positive and completing their 10 days home, since they may test positive up 90 days after infection?** CDC does not recommend a test-based strategy to determine when isolation is discontinued for COVID-19 confirmed positive person. Testing can be considered for persons who are severely immunocompromised in consultation with infectious disease experts.
28. **If you are fully vaccinated... you do not need to quarantine? I thought you could still spread to unvaccinated individuals?** Based on current guidelines, if you are fully vaccinated and asymptomatic you do not need to quarantine after an exposure. You do need to be tested and

use source control and adhere to other infection prevention practices. Confirmed positive persons regardless of vaccination status need to be on isolation precautions.

29. **If employee has an exposure and symptoms but their test(s) are negative, do we treat them as if they are positive and keep them from work or allow them to return?** Unvaccinated HCP with a known exposure should be excluded from work for 14 days even if test results are negative.
30. **If a long term care employee suspects exposure and we are testing two days after suspected exposure, is work restriction necessary for the two days before testing?** If the employee is vaccinated and asymptomatic, they do not need to be restricted from work during the testing process. If the employee is not vaccinated and has a higher risk exposure they should be excluded from work for 14 days regardless of test results.
31. **The CMS guidelines for LTCFs indicate when one case is identified all staff and residents be tested "immediately" and every 3-7 days. They should wait until 2 days after the exposure to test?** CMS revised their QSO-20-38-NH on September 10th and reference CDC guidance "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes" for further information on contact tracing, broad based testing and testing frequency.
32. **Can you please address resident exposure risk to pre-symptomatic/asymptomatic HCP who are wearing an N-95 when caring for the resident?** Anyone who had prolonged close contact should be considered potentially exposed. The use of a facemask, especially an N95 by the provider help to reduce the risk of transmission but may not eliminate it.

Vaccination specific questions

33. **Are we supposed to provide the proof of full vaccination? I am finding people are saying yes when they are actually not. Are we allowed to ask for the Proof?** According to the OSHA ETS facilities that allow **HCP** exemptions based on the person being fully vaccinated (i.e., physical distancing), should have a process in place to confirm HCP vaccination status. This can be done by asking to see a record of the vaccination (CDC card for example), keeping a log of vaccination(s) if given by the facility or an attestation by the HCP.

Resident care questions

34. **Could you review the situation where all unvaccinated residents must stay in their rooms?** Based on the updated guidance when a LTCF conducts broad based outbreak testing (facility wide or unit wide), all unvaccinated residents in those areas should be restricted to their rooms and cared for by staff using full PPE until no new cases are identified for 14 days.
35. **During outbreak testing if resident is fully vaccinated, they do not have to quarantine in their room and they do not have to get tested if they're asymptomatic and staff do not have to wear PPE while in contact with them?** Based on the updated guidance when a LTCF conducts

broad based outbreak testing (facility wide or unit wide), vaccinated residents in those areas do not need to be restricted to their rooms nor cared for using full PPE, however they should still be tested according to the testing guidelines, until no new cases are identified for 14 days.

36. **If a resident is COVID-19+, can they have visitors-beyond compassionate care situations?** They cannot have in person visitation (other than compassionate care visits) while on precautions, however they could have virtual visits.
37. **Do communal activities and dining restrictions implemented during outbreak lift after 14 days?** Communal activities and dining do not need to be restricted during an outbreak. Residents on precautions (confirmed positive or on quarantine) cannot participate until no new cases are identified for 14 days.

Other guidance questions

38. **Does the CDC updates apply to Adult Care, Family Care, Group Homes, and MHL?** The CDC included Nursing Homes and other long term care facilities in their updated guidance.
39. **Even though NC has their own statutes that reflect CDC guidance, we are required to abide by OSHA standards when they are higher, such as a non-vaccinated staff member is considered exposed if not wearing an N95, correct?** CDC guidance provides professional recommendations; however OSHA standards are federal law.